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PROFESSIONAL DEVELOPMENT AND PERSONAL CHANGE: A STUDY OF FRIENDSHIPS IN THE LIVES OF THERAPISTS-IN-TRAINING

A Thesis Presented

by

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ABSTRACT

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The literature on the personal lives of therapists suggests that those who become therapists often felt lonely or isolated as children, and that these feelings are perpetuated in their adult professional lives. It further suggests that the process of conducting therapy allows a therapist to believe they have intimate relationships, when in fact they do not. In this study twelve therapists-in-training talked about their friendships while they were growing up and since they began their training. Most of these therapists-in-training had growing up experiences that could be characterized by feelings of loneliness or isolation. However, most have used training as an opportunity to learn new ways to relate to others, including friends. In this study I discuss the developmental progression and gender differences in these changes. I focus particularly on changes these therapists-in-training experience in understanding their limitations and risking their vulnerability. Implications for the

environment in which training takes place and our role as members of a professional community are discussed.

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CHAPTER I

INTRODUCTION

Over the past 40 years attempts have been made to discuss the interaction between the work and the personal lives of therapists from a number of perspectives. Most of these discussions have centered on one of two aspects of this interaction: the effect on the client of what the therapist brings into the therapeutic situation (countertransference) or the effect on the therapist of the therapeutic work (stress, impairment, burnout, suicide). Missing from these discussions is an overarching look at the effect of becoming a therapist on our personal lives, the effect of our personal lives on our work, and the implications of these interactions for maintaining or enhancing our personal and professional well being.

Historical Perspective

In the late 1940's and early 1950's therapists (Heimann, 1949; Little, 1951; Lorand, 1946; Racker, 1953, 1957; Tower, 1956; Winnicott, 1947) began to discuss the effects of countertransference on the therapeutic relationship. These therapists believed that to understand a therapy, the therapist must be willing to look at his or her own dynamics. They also felt that the need for this self-observation, and the nature of the therapist's

dynamics, should be discussed openly within the profession. However, such self-observation and open discussion seem to be difficult for therapists (Langs, 1986; Racker, 1968; Tower, 1956). Langs (1986) stated, "it is countertransference, rather than transference, that is by far the hardest part of analysis--and therapy" (p. 132).

By the 1950's and early 1960's several authors began to discuss the therapist as a person separate from the context of countertransference. These authors tended to focus on the personality structure of the therapist (Holt, 1959; Holt & Luborsky, 1958), the personal effect of becoming a therapist (Halleck, 1962; Marmor, 1953; Perlman, 1972; Schlicht, 1968), and personality issues involved in becoming a therapist (Bugental, 1964; Ford, 1963). All continued to discuss the therapist as if therapists live their lives in a personal vacuum. Few articles addressed the nature of the interactions between the therapist's sense of self, his or her professional work, and his or her personal relationships.

In the 1970's the clinical profession turned its attention to the therapist as a person--first by looking at the issue of therapist suicide, and later by looking at the issue of therapist burnout. Suicide generally was addressed by the medical profession and was limited to the effect of the therapist's suicide on the client (Ables, 1974; Chiles, 1974), although several authors chose to look

at professional issues in the lives of those therapists who killed themselves (Freeman, 1967; Steppacher & Mausner, 1973). Burnout--a phrase that came to be used to describe a state of emotional exhaustion--was discussed predominantly as an issue related to the interaction between an organization and the professional in that organization (Freudenberger, 1974, 1975, 1981; Maslach, 1976; Pines & Maslach, 1978). It was not until the 1980's that the profession began to look at burnout (Farber 1983, 1985; Farber & Heifetz, 1981; Freudenberger, 1981, 1986; and Freudenberger & Richelson, 1980) and suicide (Guy and Liaboe, 1985) from the perspective of the personal life of the therapist.

The late 1970's through the mid 1980's also brought into focus the issue of sexual intimacy between therapist and client (Bouhoutsos, 1985; Butler & Zelen, 1977; Glaser & Thorpe, 1986; Zelen, 1985). One explanation for this inappropriate behavior was that therapists who were not finding satisfaction in their personal relationships were turning to their clients to meet their relationship needs.

Bridging the Gap Between the Professional and Personal Life of the Therapist

From his earliest writings, Racker discussed countertransference as a concept relevant not only to the therapy setting, but also as intricately connected with

the whole of one's life. Hunt and Issacharoff (1977) state:

> Racker ... [distinguishes] between the direct and the indirect countertransference. The direct countertransference is that which arises when the crucial interaction involves only the patient-therapist dyad. The indirect countertransference arises when it is a third party, someone outside the consulting room, who plays the central role in the therapist's feelings at the moment...." (p. 98)

Henry (1966) proposed that the choice of professions by mental health workers is a natural outgrowth of their early life experiences. As children these therapists tended to feel different, alone, and in the role of "caring for." Consequently, as adults they limit their social participation and engage in vicarious intimacy. Henry stated, "They appear to be a group for whom the psychic gains from intimacy are made in the office and not in the home" (p. 53). In his response to Henry (1966), Lieberman suggests that "what we see here may not be so much the outcome of early laid-down personality determinants, but rather, more an outgrowth of the particular character and task demands of the healing professions" (p. 58). In one of the first studies of its kind, Henry, Sims, & Spray (1971, 1973) chose to look at the personal as well as the professional lives of those who choose careers as psychotherapists. Over 4000 questionnaires were completed and intensive interviews were conducted with 300 therapists. Later, Henry et al. (1973) restated Henry's earlier position that their

"findings...strongly suggest that patterns of relating to peers are established early and tend to endure" (p. 201).

Burton (1972), Greben (1975), and Freudenberger and Robbins (1979) also explored the relationship between the therapist's life and work. Burton believes that therapists tend to shield "their person" from their clients and the world. In order to explore the world of the therapist, Burton asked twelve well-known therapists to write their autobiographies. Through these writings he explored some of the factors that went into making these twelve men who they were. In his 1975 article, Greben asks us to look at the therapist, rather than the patient, or the relationship between the patient and the therapist. Greben states:

> We are members of a professional group whose work has the following characteristics: (1) We make it our business to understand the forces, internal and external, which act upon people; (2) We consider that we should include ourselves in that scrutiny just as we include others; (3) To understand the effect of our work upon ourselves we must examine both our internal reactions and the effects upon us of the external conditions of our work...." (p. 433)

Issues of countertransference, professional role and identity, suicide, burnout, preexisting personality structure, changes resulting from the requirements of the profession, and other issues began to be addressed as components of a larger picture--the life of the therapist. Recently two books--one by Goldberg (1986) and the other by Guy (1987) explored many aspects of the lives of

therapists. Goldberg and Guy found little literature that dealt specifically with the interaction between the work and personal lives of therapists.

New Horizons

I believe it is incumbent on any profession to understand the impact of membership in that profession on its members. This includes understanding the interaction between people's work and their lives. For therapists, this interaction has the potential to affect our clients, our selves, our friends and family, and our profession. As we begin to look at the relationship between our work and our lives, it is important that we do so to help us better understand ourselves as whole people, not merely as a way to provide information to help us deal with specific problems, or as an adjunct to other issues.

Issues in the Lives of Therapists

When the relationships of therapists are addressed in the literature, discussion focuses on two issues: loneliness and isolation. In one of the few empirical studies on the interaction of the work and personal lives of therapists, Bermak (as cited in Goldberg, 1977) asked 75 psychiatrists about their emotional difficulties. Ninety one percent felt that they had emotional difficulties that were special to them and their work.

Most agreed that when they or other psychiatrists had problems, the problems were a result of an interaction between the personality of the person doing the work and the work itself. The special difficulties most often quoted were isolation (51 percent), the need to control emotions (28 percent), and the frustration of omnipotent wishes (23 percent) (p. 64). I believe that loneliness and isolation can be discussed from three perspectives: how therapists perceive themselves as people, how therapists perceive themselves as professionals, and how others perceive therapists.

In the autobiographies contributed to Burton's book, a number of the therapists (English, Ellis, Rogers, Warkentin, Steinzor) referred to childhood illness that led to long periods of semi-isolation, inaction, and introspection (p. 312). In a survey of several thousand psychotherapists, Henry et al. (1973) found that most reported having few friends as adolescents and young adults and that they tended to feel somewhat isolated from others (in Guy, p. 16). Rogers tells us that he had few friends with whom he was close during his time in college (in Burton, p. 40). Burton believes that therapists feel more lonely than other people. He refers to this as "passionate loneliness" because he believes it is a loneliness filled with a passionate inner life of contemplation and internal dialogue (p. 11). Burton seems

to feel that many therapists find their own company more satisfying than interactions with other people. Hence, they embrace their loneliness as a reflection of their specialness. Goldberg (1986) suggests that people who become psychotherapists do so to overcome this loneliness and isolation. He believes that many people who become psychotherapists learned early in life that it was safer to be an observer than an active participant in life; that it was safer to observe others than to be observed oneself. The role of therapist offers a way for therapists to maintain their separateness and specialness while at the same time interacting with another person.

Guy (1987) suggests that some people become therapists so that they can have the type of intimate relationships they do not have elsewhere in their lives. The therapist often feels an intimate connection when the client talks about his or her inner life. However, Guy states that "if anything, the 'one-way' quality of therapeutic relationships may serve to exacerbate the therapist's problems with intimacy, self-disclosure, and interpersonal relatedness" (p. 16). Guy states:

> The psychotherapist becomes a master at encouraging others to share intimately with him or her, while remaining distant and secretive. Those who are truly adept at this skill are able to conduct themselves in such a way that the other individuals do not actually realize how hidden and invulnerable the therapist remains during conversations which seem mutually intimate but, in truth, are not. (p. 96)

Guy also states:

> Associated with this process of withdrawal may be a tendency to become more secretive and withholding. While this can be the result of a wish to protect feelings of superiority, it may be due to other reasons, as well. For example, the most obvious hindrance may be a therapist's life-long discomfort with self-disclosure, a problem which partially motivated the career choice of psychotherapy for some individuals, and which may have become more serious due to his or her mastery of one-way intimacy. In such cases, the therapist becomes even more uncomfortable stepping out from behind the wall of secrecy, even when there is a genuine desire to do so. The risks associated with allowing oneself to be truly known are significant compared to the relative safety and control inherent in the role of psychotherapist. (p. 97)

Wheelis believes that those who become psychoanalysts often have "a hunger for closeness, a great desire for affective intimacy, and a great fear of it" (in Bugental, p. 273).

Farber (1983) found that therapists have a tendency to become overly psychologically minded. Many therapists "noted at least an occasional tendency in themselves--which they attempt to monitor and of which they disapprove--to act therapeutically towards others outside the office...including their families" (p. 178). Henry, et al. (1973) noted that:

> Psychotherapists manifest a tendency to adopt a unidimensional view of both personal and professional relationships...it is clear that the psychotherapist's therapeutic perspective becomes a world view, a way of viewing all personal relationships...." (p. 223)

If therapists do, in fact, feel isolated, it is unclear whether this is because people who feel isolated

become therapists or the practice of therapy leads one to become more isolated. It is possible that both these scenarios are true: that people who are isolated to begin with become therapists as a way of bringing a sense of intimacy to their lives but that these people then become more isolated as a result of being a therapist. In his survey of sixty therapists, Farber found that more than half felt that social acquaintances tended to be more self-disclosing when they found out the person they were talking to was a psychotherapist and that about half the therapists felt that other people are "threatened by their presence and become less self disclosing" (p. 180). Guy points out that either reaction may hinder mutual self-disclosure and reciprocal intimacy (p. 139).

Henry et al. (1973) discuss the isolation of the therapist as a natural outgrowth of the sense of specialness and aloneness of the child who becomes the therapist and, particularly for those who adopt a psychodynamic model, a way of looking at the world inspired by training. They state:

> In short, the therapist has his own rules for interpreting events and endowing social experiences with meaning; and, for him, they are reality. Interpretation and meaning endowment occur, the psychotherapist has learned, primarily in the context of close personal relations; and, therefore, it is the irrationality of the affective relationships that guides his actions in social encounters. Such an orientation stands in marked contrast to usual social situations in which more direct processes are utilized to describe the meaning of social action. Adherence

> to the psychodynamic paradigm thus serves to set the psychotherapist apart from other persons. (p. 224)

And later:

> ... the therapist sees social interaction in highly specialized terms--terms that tend to create tensions in nontherapeutic contacts and to provide a sense of personal comfort primarily in therapeutic contacts.

Issues around confidentiality can exacerbate a therapist's sense of isolation--we can feel restrained in the sharing of both the joys and the pains of our work. Goldberg discusses the fact that it is important for therapists to share professional concerns with their families so that they do not become insulated from them (p. 290). The same would seem to hold true for friendships. Goldberg states:

> Therapists ethically cannot disclose the names, details, and sordid or interesting facts and events in client's lives. And yet, if the practitioner does not share his/her work with others, the practitioner feels contained, restricted, and frustrated. Silence can also lead to psychic pain. There is something unbalanced in the client being encouraged to tell the practitioner his/her secrets, frequently laden with upset and trauma, which the psychotherapist is sworn to contain in silence. (p. 89)

Goldberg quotes Theodore Reik's (1959) belief that we all, to some degree, have a need to confess. "I suppose that most practitioners share the tales that they have been told and that make them feel terrible with a spouse, a colleague, a personal therapist or a consultant. But frequently they don't" (p. 89). Guy states that "the sense of mystery which results [from keeping one's work secret]

isolates the psychotherapist from the support of family and friends" (p. 82).

The problem of sharing our work is not limited to its burdens; it also exists when our work goes well. Several authors (Guy, Goldberg) quote the joke about the minister who is punished for playing golf on Sunday--he is given a hole-in-one, but he can't tell anyone about it. And so it is that the potential exists for us to cut others off from both the joy and the pain of our work. However, Greben (1975) believes that therapists sometimes go beyond what is necessary to maintain confidentiality in order to maintain our own sense of specialness. He says:

> But often we go beyond the bounds of those demands [of confidentiality], speaking of our work in such hushed tones of awe as to convey the impression of a greater degree of magical endowment than our work deserves. (p. 432)

Another issue that can isolate therapists is our need to be godlike. Goldberg states that many therapists appear to believe that they are not entitled to use the same methods of dealing with anxiety that other people use. Therapists "assume responsibility for living life more exceptionally than the ordinary person" (p. 87). Goldberg continues, "The public assumes that the skills and knowledge of the trade will forge the way the practitioner lives life outside of the office as well as how the practitioner conducts him/herself as a practitioner during work time." Freudenberger and Robbins (1979) indicate

that, "while psychotherapists are experts about problems in living, they are not at the same time necessarily proficient in living their own lives. But the public won't accept this." (p. 87) Goldberg describes this as follows:

> The practitioner has to be wiser, more temperate, kinder, and more considerate than others. Practitioners have to be able to go beyond the petty jealousies, angers, annoyances, and concerns to which other people fall prey. When they do have problems they are expected to work them out with greater magnanimity, yes, and even decorum, than do others. This is an unfair demand and a cause for an embarrassed retreat into secrecy whenever the practitioner's own problems show themselves. ...embarrassment and shame may lead to a vicious cycle of retreat and further shame. (p. 88)

Another issue that comes along with being seen as godlike is the godlike role of jousting with the devil. Burton states:

> People are both attracted to and repelled by those who joust with the demon...and the therapist cannot thereafter be treated as a mere mortal. The total effect of such social forces surrounding healing is to thrust the therapist deeper into himself, his family, and the therapeutic ghetto. By a simple transformation, passionate loneliness becomes pride, self-sufficiency, creativeness, arrogance, tenacity, and the like. (p. 11)

Another issue that may separate therapists from those around them is what Malan (1979) refers to as the "helping profession syndrome (after Bowlby's notion of compulsive care giving). Malan says that therapists with the "helping profession syndrome" tend give to others the care they would like to receive for themselves. When this reciprocal care is not forthcoming, the therapist can become resentful and depressed. Henry (1966) believes that

the "caring for" position has been forced on many children who go on to become psychotherapists either through some event in the family such as death or sickness, particularly of the mother, or from a family ideology that imposes social welfare and "doing good" (p. 50). Miller (1981) believes that as children people who later become therapists are particularly sensitive to the unconscious demands of their narcissistic parents. The child learns to take care of the needs of others without ever knowing what their own needs are or how to have them met in a healthy way. Miller describes the results as "the true self's 'solitary confinement' within the prison of the false self." It is the false self who listens, understands, empathizes, and helps. Miller states that "it is no less our fate than our talent that enables us to exercise the profession of psychoanalyst..." (p.22). Miller warns that the therapist might then look to the client to meet his or her needs in the same way that the parent looked to the child to meet their needs. Miller suggests that this is an important reason for analysts to undergo their own analysis.

Guy states that "it seems important for the therapist to have one or more sufficiently intimate relationships in order to provide the support, empathy, and reality testing needed for resisting the depletion and isolation associated with the practice of psychotherapy" (p. 141).

He quoted Guggenbuhl-Craig (1979, p. 136), who states, "friendship intensely lived, and intensely suffered, saves many a therapist from inextricable entanglement in his (her) own dark and destructive side..." (p. 144). Goldberg states:

> The need for a safe haven at home, close friendships, interesting activities, and involvements outside his/her practice seem vital when we recognize that the times of greatest stress for the practitioner are generally those in which he/she must face the everyday onslaught of emotional issues without feeling that his/her own emotional needs are being met. For practitioners, whose marriage or caring relationships are depressing, attractions to clients, as well as the loosening of defenses against looking toward them for emotional sustenance, may follow. (p. 288)

The literature suggests that professional isolation can be lessened through supervision and consultation (Farber, 1983; Freudenberger & Robbins, 1979, Guy, 1987); that personal isolation can be dealt with through open communication with friends and family regarding personal problems inherent in being a therapist (Guy, 1987); and that everyday issues associated with being a therapist can be explored through personal therapy (Freudenberger & Robbins, 1979).

Focus of the Study

This study looks systematically into the friendships of therapists to examine whether the concerns raised in the literature are reflected in the experiences of those training to be therapists. Do therapists-in-training tend

to feel lonely or isolated? If they do, is this how they have always felt? Is there something about becoming a therapist that lessens or heightens these feelings? For example, is the mutuality of intimacy in friendships affected by becoming a therapist? Does maintaining confidentiality with clients play a role? Does the need to be "more together" than others play a role? What might distinguish between therapists who do and do not feel lonely or isolated? Does personal therapy affect a therapist's sense of his or her loneliness or isolation? While we will not have definitive answers to these questions, perhaps we can begin to understand the nature of the interaction between the personal and the professional lives of therapists.

CHAPTER II

METHODOLOGY

Selection of Subjects

Subjects were twelve therapists-in-training in the University of Massachusetts at Amherst clinical psychology program. Each subject had at least one year of supervised clinical experience. Therapists-in-training were chosen because they are just beginning to form their professional identities. I hoped that therapists-in-training would be able to use pre-professional as well as newly-developing relationships to think about changes that might be occurring in the nature and pattern of their friendships. I believed that any changes in friendships attributed to the therapists' changing professional identities would be more easily identifiable at this stage of professional development.

Twenty-four therapists (fifteen women, nine men) who met the research criteria were invited by letter to participate in the study (see Appendix A). Six people did not respond. Of the eighteen people who responded, three declined participation, three agreed to participate but dropped out for time or travel reasons, and twelve (six women, six men) were interviewed.

Introduction to the Study

The nature of the study was outlined in a letter of invitation to each therapist (Appendix A). Therapists were told that I would be asking them to talk with me about how they have experienced the interaction between training to be a therapist and the nature of their friendships. Two hour interview appointments were set up with each of the twelve therapists who agreed to participate in the study. Interviews were conducted at the place most convenient to the therapist; some were conducted at their homes, some at their place of work, and some in my office.

At the beginning of each interview I asked whether the therapist had any questions before signing the informed consent form. The informed consent form (see Appendix B) outlined the nature of the study and explained my approach to the interview.

The Interview

I developed a semi-structured interview (see Appendix C) based on the literature regarding the personal lives of therapists. Each interview began with the same oral introduction:

> I am interested in how the process of becoming a therapist might affect our friendships. During this interview I would like to talk about the nature and pattern of your friendships and to work together to try to understand whether there are any changes in your friendships since you began your training as a therapist that you think might be attributable to your becoming a

therapist. I'd then like to explore possible implications of these changes.

I will be using a semi-structured interview, but you should feel free to offer your perspective on questions I might not have thought to ask, or to follow up or return to questions I have asked. You also should feel free at any time to decide not to answer a question or to ask me why I am asking that particular question.

Following the introduction, I asked each therapist-in-training whether this was a topic they had thought about before this interview, and if so, what it was they had thought about. I used the response to this question as a starting point to cover the topics in the interview guide. In doing so, I followed Henry et al.'s (1971, 1973) model for interviewing in which the interviewer determines how much of the interview guide will be covered with each respondent based on a balance between covering essential questions and allowing adequate time for those issues that seem particularly relevant to the respondent. Henry states that this is particularly important in interviewing mental health workers because the language of our clinical work is the same as the language of our research, "thus our subjects, more than other groups, expected the interviewers to understand them literally on their terms" (1973, p. 241).

I used several strategies to try to minimize the effect of my personal biases on my understanding of the content of the interviews. I used probes to clarify potentially ambiguous statements so that I would not slant

the participant's words to support my own viewpoint. I also articulated my understanding of what the therapist-in-training was saying as they said it. In this way, the respondent had the opportunity to correct my understanding as we proceeded through the interview. Mishler (1986) refers to this process as the "joint construction of meaning"--in which the meaning of any question or answer is "grounded in and constructed through the discourse" (p.64). Mishler also states that when "...the discursive nature of interviews is obscured or suppressed, implicit assumptions about the discourse and meaning enter into analysis and interpretation..." (p.66). Thus, I felt it was important to offer participants the opportunity to question the assumptions behind my questions. In our discussion, I often shared my personal experiences or my understanding of the literature that lead me to wonder about a particular topic or to ask a particular question.

At the conclusion of each interview I asked the therapist to fill out a biographical data form (see Appendix D).

The Interviewer/Interviewee Relationship

The fact that I was a student in the University of Massachusetts clinical psychology program, and would be interviewing my peers, could be seen as both an advantage and a disadvantage in this study. On the one hand, I

shared in the day-to-day lives of my peers. This had the potential to give the person being interviewed and myself a common base from which we could more easily share and understand our experiences. At the same time, the fact that we worked and sometimes socialized together could lead participants to hesitate in talking with me about their friendships, particularly when they were talking about people in the program with whom the therapist-in-training and I both had a relationship. I hoped that my willingness to talk about my personal experiences during the interview would allow participants to feel more comfortable sharing the stories of their friendships.

Data Collection

Each interview was audiotaped and transcribed. Since most respondents in my study had used audiotaping in the conduct of their therapy, I assumed that this was a procedure with which they were at least somewhat comfortable, and that this aspect of the interview would not inhibit open dialogue. The minimal notes I took during the interview were generally to remind myself of specific themes that seemed to be emerging, where specific emphasis seemed to be being placed, or my own reactions to the interview.

Confidentiality of all interview material was guaranteed and was maintained at all times.

Approach to the Data

I took two concurrent approaches to the data. One was detail oriented and remained very close to the data. The other roamed freely among the data, the literature, and the associations they evoked in me.

I listened to the content of the interviews several times: first during the interview itself, next during the transcription of the interview, and finally during two readings of the transcripts. During my first reading of each transcript I noted the emerging themes and began to create a chart of topics to be considered. During this reading I began to notice a difference in how the beginning and more advanced therapists-in-training talked about themselves and their friendships. I then organized the transcripts in order from beginning through advanced therapist-in-training and read them again. During my second reading of the transcripts I copied each quote that represented a theme onto the topic chart, maintaining the developmental sequence. I then reviewed the topic chart and used the primary themes as the basis for discussing my results.

During the course of this study I used a notebook to jot down my thoughts regarding the information I was gathering. It contained quotes from the literature, questions that were being raised for me, and comments that people made as I explained my research project to them. It

also contained my on-going thoughts on the literature, the transcripts, and my own experience of becoming a therapist. This journal, when woven with the actual data, served as the foundation for my results and discussion chapter.

The Setting

To the extent that the training environment may have an effect on friendships, it seems important to describe the setting in which the therapists-in-training in this study have worked. This also will give background for terms used by the therapists-in-training, such as "the clinic," and "the team."

Clinical work at the University of Massachusetts at Amherst clinical psychology program begins in the Psychological Services Center (PSC, or "the clinic"). The clinic is located on campus in the psychology building. Supervision within the clinic is provided through clinic teams and individual supervision. Clinic teams are headed by one faculty member and one advanced graduate student. All first and second year clinical students are assigned to clinic teams. First year students observe therapy sessions and participate in peer supervision. Second year students see clients, participate in peer supervision, and receive individual supervision. Most advanced students work at an outside practicum site, often in conjunction with continued work within the PSC either in individual

supervision, as a member of a team, or, for the most advanced, as a student supervisor.

The Participating Therapists-in-Training

Six male and six female therapists-in-training participated in this study. The average age of the male therapists was 32, with a median age of 30 and a range of 26 to 39. The average age of the female therapists was 27, with a median age of 26.5 and a range of 24 to 32. The average number of years seeing clients was 2.5 years, with a range of one to four years, for both male and female therapists-in-training. Three participants had seen clients for one year (beginning therapists-in-training), four participants had seen clients for two years and two participants had seen clients for three years (intermediate therapists-in-training), and three participants had seen clients for four years (advanced therapists-in-training).

Regarding theoretical orientation, four students identified themselves as psychodynamic, seven identified themselves as eclectic (four as combining psychodynamic with family systems and two as combining psychodynamic with behavioral).[1]

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1. When any demographic category consists of only one person, that category is omitted in order to protect the identity of the participant. Therefore, several categories will not total to twelve.

Two therapists-in-training identified themselves as ethnic minorities. Five identified themselves as Jewish, four as Protestant, and two as having no religious affiliation. Nine therapists-in-training were in primary relationships and none lived with their family of origin.

To protect the confidentiality of participants, pseudonyms have been used for the therapists-in-training in this study.

CHAPTER III

RESULTS AND DISCUSSION

Overview

Since I am interested in the interaction between friendships and becoming a therapist, it seemed important to have a sense of their friendships before the participants began training. I will begin by discussing how the therapists-in-training that participated in this study recalled their friendships during their growing up years. I then will look at how they described their closest friends, noting particularly the gender differences in friendships. When there is relevant literature, I will compare how the participants in this study described their pre-therapist friendships with descriptions in the literature.

Next I will describe how their friendships look to the participants in the study as they make their way through clinical training. Changes in friendships will be discussed using a developmental model based on the therapist's changing self expectations.

Growing Up

Three general themes emerged when the participants described their friendships during their childhood: moving frequently, being shy, and being a caregiver.

Four participants believed that frequent geographic changes had a lasting effect on how they approached friendships. For Claire and Jessica, who described themselves as shy people, moving created an uncertainty about relationships. Claire said:

> We moved around a lot. I always left relationships behind. There was always this starting over mentality that I grew to resent. That's where I picked up always being attuned to the other instead of myself--so that I could fit in when we moved.

For Jessica, moving often entailed going back and forth between two distant and diverse cities. She said, "I experienced so much loss every time I would move. I became very slow to get involved with people. I would think, what's the point if we're going to just move again."

Donna described her friendships as being similar to her closely-knit nuclear family. She said:

> I don't have any direct cousins because my parents are only children. And both their families were from the west coast. And everyone sort of lived around each other. But we moved away. And we were always just sort of the nucleus of five unto ourselves. We always did a lot of things together. But we were always sort of a little core group. I guess that's how I see myself as having friends. I have a little core group of friends and then other friends and people that I know, but more for specific shared activities.

Claire and Donna both talked about how moving as a child has made it difficult for them to tolerate change as an

adult. Donna said, "Although our family moved a lot when I was younger, I don't like to move and I don't like change. But I make myself do it periodically."

While several of the men talked about the importance of playing sports in their lives, Donna was the only woman in the study to talk about how much she enjoys her physical prowess. Donna and Gary, who both considered themselves to be outgoing and athletic, each used sports to gain entry into a new group of peers, and each talked of finding one or two best friends wherever they moved. Gary said:

> We moved around a lot when I was a kid. So I was always making new friends. Friends were always coming and going. I think as a kid I tended to do things with neighborhood kids. And I probably always had, wherever I lived, a best friend. The kid I liked the most. But I grew up playing a lot of sports, so I was always with a group for that. And that was pretty much true through high school and college.

Several of the men in the study talked about how easy it is for them to move from one group of friends to another. Eric said, "I pick a group of friends wherever I am, and I leave all but one or two behind when I move." Max agreed. He said, "Friends come and go, there's always a new bunch. I don't seem to have any trouble getting into new friendships." These men did not describe feelings of loss associated with the comings and goings of their friends.

Rebecca described herself as being very shy growing up. She said, "I didn't talk to anyone until I was an adolescent and went to a new school and met people who had

the same interests as me." This is how Rebecca described her early friendships:

> I always had a few really good friends. When I was really young I was in a neighborhood and I had a bunch of good friends right there across the street. And then we moved. And then I had one best friend who I really didn't like. So that was kind of a dry period. But then it came to going to the new school. And that's when I'd say my friendships started being like this. Just a very intense sharing of things. Deeper friendships. And I have a lot of friends that come from that time.

None of the male therapists-in-training identified themselves as being shy. However, Brian said he was a loner while he was growing up, and Michael said that he went through a period after the divorce of his parents when he became very introverted. This is how Michael described that period in his life:

> I can't remember specific times when I felt that I withdrew from others. I mean, there were times like when my parents were divorced. I was being more introverted. But I was very active. I was an athlete and that kept me in touch with a lot of people. But, it was enough so that a school counselor would notice and call me in.

Neither Brian nor Michael seemed to consider shyness as a central theme during their growing up years. It is unclear why men and women who seem to have had similar experiences have chosen to label themselves differently. Perhaps this reflects a cultural difference in labels that men and women find acceptable for themselves. It also might be that the men and women in this study have had additional but differing experiences that have influenced how they see and label themselves.

Donna and Kathy both described themselves as being popular while they were growing up. For Donna this was a fulfilling experience--she enjoyed being outgoing, a risk-taker, and a leader. Kathy, on the other hand, felt that she disowned a part of herself in order to be popular. She reported that she always felt different than the group she was a part of, and she feels that she compromised herself so that she would be accepted. This is how Kathy described her friends during high school:

> I think when I was younger, when I was in high school, friends were more important to me. I needed them more. And, given that that was a high priority, I needed to be the kind of person that fit the people in my high school. I had to be that sort of a person and enjoy those kinds of things. So I did. And then I think as I got older I didn't need friends as much. My priorities changed. And I could say, "I'm not willing to compromise just to have friends." And so then I had fewer friends, but the friendships felt better. And more congruent with myself.

Kathy feels that she was often a caregiver with her friends. She said it is only recently that she has both stopped trying to be a caregiver for others, and has begun to take care of herself.

Angie described herself as feeling quite happy growing up, enjoying the fact that her friends looked to her for advice. In retrospect, particularly through her own therapy, Angie has realized that she was not allowing herself to be vulnerable with her friends. She said:

> [I went from] having always been fine, and in supervision competent, and in friendships fine and ok. And "oh, everything's great" and all that. Which I

> really believed. To how vulnerable it's ok to show yourself to be.
>
> Many years ago I kind of, I mean I wasn't really aware of doing it, but I kind of sought out people who needed someone to talk to. Probably at least in part as a way of letting someone else feel my feelings that I didn't want to feel. But I pretty much stopped doing that well before I became a therapist. I think that's something I became a lot less willing to do once it was my job to do it.

Kathy and Angie both said that they want to broaden their friendships beyond being a listener and a caregiver.

While several participants in the study talked about having been somewhat of a caregiver in their relationships, it was a central theme for Frank and Michael during their growing up years. Throughout the study, both interwove their relationship with their family quite tightly with their relationships with their friends. Frank spoke of his role as a caregiver:

> I was always a caregiver. I protected my father, I took care of my brother, and I took care of other members of my family. Going away to college alleviated some of the burden but then when I was getting ready to leave school I realized that meant being an adult and I got very nervous because I knew I would become a caregiver again.

Michael's role as a caregiver began when he was ten and his father left home, telling Michael he was responsible for his mother, brothers, and sisters. Michael took his responsibility quite seriously, and became what he considered to be a positive role model for both his friends and his siblings.

The literature suggests that people who become therapists often felt lonely or isolated in their childhood (Burton, 1973; Goldberg, 1986; Guy, 1987; Henry, 1973) and often felt the need to be caregivers (Henry, 1966; Malan, 1979; Miller, 1981). Among the therapists-in-training in this study, half reported feeling some sort of ongoing emotional pain while they were growing up. Several felt they had to be caregivers and several felt shy or alone. The other therapists-in-training reported fairly happy childhoods, although some, in retrospect, feel that their lives were not as happy as they believed at the time.

Most of the therapists-in-training in this study talked about always having one or two best friends. Several, particularly men, have friendships now that began when they were children. Those therapists who had hobbies, such as sports or music, seemed to be able to make the transition to new friendships easier than those who did not. Moving seemed to be a particular impediment to establishing a sense that friendships could be enduring, particularly for the women. In the following sections I will discuss how therapists-in-training see themselves in friendships now, and how their current views of their friendships relate to their growing up experiences, their training, and their personal therapy.

Closest Friends

When the participants in this study were asked to talk about what made someone their closest friend, many began by talking about a shared sense of history. Max said:

> I think it's naive for people to feel that friends are just people you like the most. I think it's a much more complicated phenomena than that. It has to do with loyalty that comes with time and it comes with a lot of experiences together.

Rebecca explained how history is the foundation for her oldest friendship, whereas seeing things in a similar way and a shared sense of understanding is the foundation of her more recent friendships. This is how she described her friendship with Grace, her oldest friend, and with Sharon and Helen, two friends she's made since she has been an adult:

> [With Sharon] I feel like we understand one another. It's exciting to be with her. It's interesting to talk to her. It's like a chemical thing. I just really like being with her. I think that for me a lot is understanding, seeing things sort of similarly. Nothing is boring, there's always new things. And we share some similar interests... And then my friend Grace, she's been my friend since we were in elementary school. So that's different because what drew us together is different than what's kept it going. But I think the fact that we went to my new grade school together is a bond. It's history. That attracts me to her still. And I have less of a feeling of us understanding one another in a certain way. But I think just knowing one another so well because we've known each other so long keeps me friends with her. Those are the main things about her. And with Helen, it's more that she's different from me. She's really outgoing and I'm attracted to her because she loosens me up. And she's also very affectionate verbally. So I feel really warm with her and more close to her in a certain way. And we've spent a lot of time together and have similar

interests... But Grace and I are more distant now. We've become less able to share personal things.

Rebecca and Max each capture some of the complexity of what makes someone a closest friend. Max points out that closest friends are not necessarily the people in our lives who we like the most. Rebecca points out that closest friends can be, but are not necessarily, the people who understand us the best.

We will see that the men and women in this study differed in how they talked about their friendships and that both the men and the women said they look for different qualities in their male and female friends. The gender pattern of the friendships of the therapists-in-training in this study is interesting to note. All of the men and two of the women said that their closest friends are men. For those therapists who said that their pattern of friendship is new in their adult lives, the change in pattern, for both men and women, has been predominantly in the direction of having more close male friends.

While many of the therapists-in-training in this study report being more comfortable with their women friends then their men friends, this comfort does not necessarily define what they are looking for in a best friend. Frank stated, "With the exception of my three closest friends, I'm more satisfied with my relationships with women than I am with men." Eric described looking for different qualities in his male and female friends. He explained:

> The thing that describes my closest male friends and my closest female friends is different. For my male friends it's being a mensch--being a little big man. High energy, honest in friendships. My closest women friends bring out the compassionate, warm side of me that often remains hidden in my relationships [with men].

Eric finds that intimacy plays a different role in his friendships with men than it does with women. He said:

> With men it [the friendship] is more based on doing things. On activities together. An activity together over and above the friendship. But with a woman I'll just get together to be friends with her. Whereas with a guy, I'll get together with a friend to go for a run, or to go to a baseball game, or something like that.
>
> Debra: You were saying that with your women friends there's the intimacy of conversation. Do you also have that with the male friends with whom you do these activities?
>
> Eric: Yes, but the friendship itself is not predicated on that. That's the key to the difference. You still have the intimacy with men, but you might still have the friendship with the men even if there wasn't that. Whereas with the women, that's what the friendship is.

While Eric says he is comfortable having intimate friendships with both men and women, the nature of the intimacy seems to have a different quality. With men it is the intimacy of companionship, whereas with women it seems to be the intimacy of interacting emotionally.

In describing his developmental changes, Gary said that as a child and in high school most of his friends were boys but that in his early twenties a lot of his better friends were women, "They were the people I would confide in or would confide in me." However, as he has grown

older. Gary's best friends are again men. Some of these changes may have to do with dating and partnering.[2] Three men describe having more close women friends during their dating years, but that as they have settled into partnered lives their close friends are once again men. For some men it seems that the women with whom they have the same "sense of history" as they do with their male friends are the women with whom they have had sexual relationships.

Max talked about the difference between his male and female friends and how history and sex come to play a different role in each. He said:

> In terms of loyalty, gone through a lot together, it's men. Working, day-to-day friendships, I'd say women. I meet a lot more women than I do men. I don't know why. And women kind of come and they go in my life more than men. You see, with women it's a whole different deal because it brings sex into the whole thing. And there's no guilt in maintaining relationships with men. I may have had previous sexual partners that I was very close to, but I put a prohibition on maintaining friendships with them because I'm with someone else. And that complicates things. Where it doesn't with other men. I have several women friends that I've been involved with sexually that I hold a real love for, but I can't keep a friendship with them. They would be the ones who would come closest to being like the male friends I had for a long period of time. Because, again, we've gone through these bonding experiences. There are a few women from my childhood who I'm friends with, but only a few.

Sexual issues, stirred up in the intimate relating of heterosexual men and women, make it more difficult for

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2. The word partner will be used to indicate any significant romantic relationship, including, but not limited to, marriage.

these men and women to sustain a long-term close friendship.

For Claire, becoming a member of a couple was a turning point in developing close friendships with men. Before that, her friends were mostly women. I asked her whether she had thought about what led to the change. She said:

> The first thing that comes to my mind is being in my relationship has given me more freedom to develop close friendships with men. Whereas in the past there was always this question, is there some sort of romantic involvement or potential romantic involvement. And you know, do I want that, and if he wants that but I don't want that should I stop the relationship. You know, that kind of stuff. So it's really given me, I think, maturity. Maybe even if I wasn't in a relationship now I'd be more capable of doing that than I was before.
>
> Debra: Do you find that you experience the same kind of intimacy in your friendships with men as you do with women?
>
> Claire: Well, I'd say no. But I don't want to make that a judgmental thing. It's just qualitatively different. I guess with women I feel more relaxed. I'm much more myself I think. And with, maybe with men I might do a lot more explaining. You know, with women there seems to be sort of a more intuitive connection. And I don't mean to make it sound mystical. I don't know if that's what it is. But I don't feel the need to explain myself.

While being in a relationship with her partner seems to allow Claire to feel more freedom to have close friendships with men, she nevertheless still feels more comfortable in her relationships with women. She feels that this is because her women friends understand her better. The other women in this study who have women as best friends also

feel more understood by their women friends and feel they understand their women friends better than their men friends. Angie said, "I have several good male friends, but I'm much more likely to have good female friends. The stereotype is true. Women talk at a feeling level. Men are less likely to reveal who they are." Rebecca said, "I'm more comfortable with women. I just don't understand men."

But what about the women who say that their best friends have always been men? Kathy said that her friendships with men are a combination of her desire to see herself as equal, the fact that she shares many of the same interests as men, and her comfort level with men. She said, "Because my academic interests were more like men's I was around men more of the time. I gravitated toward men because I was more comfortable with them, and therefore I became more exclusively comfortable with them." As Kathy has gone through training, and has become more interested in gender differences, she has found that she is drawn toward talking about academic topics with women, and that her friendships with women are beginning to change. She said:

> Women are more interested in talking about gender differences than men. So in that way, in kind of a career professional level, I guess I find I'm thinking more of women friends professionally. But personally I'm relatively more comfortable with men.

For Jessica, the issue revolves around her sense of safety in the role of nurturer. She said, "I have more male friends and they are generally more emotionally closed off. I nurture them so they will open up."

Like Jessica, Donna and Brian referred to being drawn to more challenging friendships. Donna said, "I like adventurous, risk-taking people. I'm often drawn to people who are not very nurturant, with the hope that they'll become nurturant." Brian said, "I'm more drawn to people who are interesting and perhaps less kind than to people who are very warm milktoasts who don't have an interesting thing to say." Brian also said that he has been trying actively to maintain his male friendships. He said:

> I used to have more friends who were women, because I saw them as being more in line with my values--compassionate, understanding, sympathetic. But now I'm putting my energy into finding relationships with men. I'm finding more compassion in men, and I'm finding I'm not needing compassion as much.

Max is concerned that in training to be a therapist he is learning to communicate in a way that is more comfortable to women than to men. He feels that men don't like to express themselves as directly as women, preferring instead to use symbols. Max gives the example of an old coke commercial in which Mean Joe Green throws his dirty jersey to a child. He said:

> That's the way men communicate. An incredibly powerful message was communicated on a mutual level by throwing a smelly old football jersey. And it wouldn't have sold if Mean Joe Green had said, "You know kid, I really want to validate your appreciation

> of me as a hero and I look at you and I see the innocence of a kid and I'm equally struck by that." It would cheapen it. Women are more likely to put their feelings into words, whereas men think that talking about their feelings cheapens them.

Max worries that because he is learning to express himself differently he may lose his male friends. He said, "That's one of the senses of loss that I feel. Like now I don't get to be in that club because I'm too threatening or something." Max believes he will be threatening to men if he integrates and expresses the female side of himself.

When discussing their closest friends, most of the men and women in this study talked about a sense of history and loyalty or a sense of mutual understanding. When discussing their friendships with women, both the men and women in this study tended to focus on the intimacy in these relationships. This intimacy, and the concurrent feeling of being understood, enabled the heterosexual women in this study to feel more comfortable and known in their relationships with their women friends. However, for the heterosexual men in this study, the sense of intimacy with their women friends sometimes was associated with sexual feelings that made it more difficult to continue these relationships. For several of the men in this study, their closest women friends have been sexual partners, while the same is not true for women. The men these women consider their closest friends (excluding current partners) have been long-term platonic friends.

When discussing their friendships with men, both the men and the women in this study tended to focus on a sense of history, or intimacy that results from shared activities. It seems that while intimacy is a part of these relationships, it is not as readily acknowledged.

A Model of Therapist Development

I will use a model of therapist development described by Brightman (1984) and Eckler-Hart (1987) to discuss the changes therapists-in-training in this study perceive in their friendships as they go through training. Brightman (1984) and Eckler-Hart (1987) each use a developmental model in which therapists-in-training begin their training with unrealistically high expectations for themselves, and, through training, develop more realistic expectations. Brightman (1984) refers to this progression as narcissistic maturation. By this he means that the therapist-in-training moves from a fragile position of idealized professional self (primary narcissism), in which the therapist believes he or she must be all knowing, all good, and all powerful, to a more realistic position of professional self (mature narcissism) that includes not knowing, feeling helpless, and being able to acknowledge our anger. Brightman believes that the process of getting from the idealized professional self to the realistic professional self involves altering one's expectations of who one can be and mourning the loss of the idealized self. Eckler-Hart (1987) uses Winnicott's (1960b, 1960c/1965) model of the true self and false self to discuss these same developmental changes. According to this model, the true self is the creative, spontaneous self that exists when a person feels no need to protect him or herself from the

demands of the environment. The false self is the shield a person uses to protect his or her true self from the environment, or as Winnicott said, environmental impingements. To the extent the true self feels under attack and unable to protect itself, the shield of the false self will be present. It should be noted that the false self serves an important function in allowing a person to interact with the environment. It is when the false self becomes so prevalent that a person does not feel alive, or capable of being spontaneous, that the use of the false self becomes a problem.

Eckler-Hart believes that during training, therapists develop a "professional false self" or "professional identity" to protect their true selves from perceived assault from their new environment, which consists of clients, supervisors and their own self-criticisms. Eckler-Hart sees such things as feeling the need to distinguish between the "therapist self" and the "personal self," or having the sense that one is acting like a therapist with friends, as being part of the false self. The true self then would be the therapist's sense that they are a whole person; that the person they are with a client is not that different from the person they are with a friend, and both are who they feel themselves truly to be. This notion of the true self and false self in the life of the therapist is somewhat paradoxical. For example,

Winnicott points out that the role of the "professional attitude" is both necessary and a problem. In his discussion of countertransference (1960a/1965) Winnicott states:

> A professional attitude may, of course, be built up on a basis of defences [sic] and inhibitions and I suggest that it is here that the psychotherapist is particularly under strain, because any structuring of his ego-defences lessens his ability to meet the new situation. The psychotherapist (analyst or analytical psychologist) must remain vulnerable, and yet retain his professional role in his actual working hours (p. 160).

Later he writes:

> I want to state that the working analyst is in a special state, that is, his attitude is professional....The professional attitude is rather like symbolism, in that it assumes a distance between analyst and patient. The symbol is in a gap between the subjective object and the object that is perceived objectively....I would rather be remembered as maintaining that in between the patient and the analyst is the analyst's professional attitude, his technique, the work he does with his mind (p. 161).

Winnicott seems to be saying that the professional attitude is a point neutral to the true self/false self continuum. In the therapeutic situation, the therapist's true self responds at an intuitive level. The response then enters the therapist's mind (the professional attitude), where it is objectively worked upon. To the extent the true self can respond and the mind can work in an undefended way, positive work can be done. To the extent that the therapist is not able to be vulnerable, the false self will prevent the therapist from using his or her intuitions to aid the therapy.

Brightman's notion of mature narcissism, and Eckler-Hart's notion of the true self as applied to therapists, require that the therapist-in-training accept his or her limitations so that the true self can be available to them. I will begin by discussing how this problem becomes especially salient when the therapist-in-training first struggles to integrate their personal and professional lives. This struggle involves integrating our professional identity and learning to contain and share our emotional experiences. Next I will discuss issues around the willingness of therapists-in-training to be known to others. This discussion will focus on issues of vulnerability, empathy, and caregiving. Finally, I will discuss the role that aggression, competition, and power play in the friendships of therapists-in-training. Each of these issues is related to, and overlaps with, the others. I will begin with the issues therapists-in-training face as they begin to integrate their professional identity into their personal lives.

Integrating Professional Identity

To the extent that becoming a therapist is learning how to use oneself, professional change must involve personal change. How to think about and incorporate this change is an issue at all levels of training. In the beginning, the therapists-in-training in this study seemed to try to keep a boundary between their therapist selves and their personal selves. Donna, a beginning therapist-in-training, talked about wanting her friends to think of her as a friend rather than as a therapist. She said:

> I say to people that I am training to be a therapist and not your therapist. Not to remind them of my being a therapist but just that I don't want to misrepresent myself or mislead people. And I want to be people's friend. I mean, I still want to be their friend. I don't want to be like the therapist in the group. I mean, I'm still just like a person too.

Donna seemed to be struggling with what it means to be a therapist and the role she would like to play with her friends. She seemed concerned that her friends might treat her differently and that she would be seen as an outsider by her group of friends.

It was troublesome for Brian to learn that being a therapist-in-training gave him power in relationships. He said he hoped that power would not affect his friendships:

> One incident that comes to mind that relates to some of what we were talking about earlier, I guess it would strengthen the point of whether I maintain a conscious boundary between Brian the therapist and Brian the friend... Being a therapist pulls for such a different part of my personality that it's like you don a different suit... Hopefully a lawyer does not

> come home and engage his friends and his family in litigic argument. You know what I mean? There's a way to act at the office and there's a way to act at home. And that's similar in therapy. And hopefully I don't bring the skills and the art and the persona of myself as a therapist into my friendships. And I'm conscious to weigh that. And it is pretty strong in my mind.
>
> The incident that I'm thinking of taps into not only the issue of the boundaries, but also of the power and that knowledge is power. And I remember last year, I gave a friend a WAIS-R, you know the IQ test. And in the middle of it, and I figured, well, I wouldn't want to do a Rorschach with a friend. I wouldn't want to do anything that's so revealing or so projective. And yet the WAIS, also you can do personality, you read into it. You look, you use it as somewhat of a projective. And I started feeling incredibly uncomfortable knowing, turning the same kind of thought pattern onto a friend the way I would onto a client. It was very revealing in terms of making me realize the enormous power I was giving these tests first of all. I mean parenthetically. And just how I would look at this information and start making assumptions about the person I was testing left and right. But it was also a very clear incident that made me say, I can't play around with this knowledge that I have. I can't turn it on my friends. I can't say, look how much I know. You have Oedipal conflicts. You know. I can't say, here's what your issues really are. Because if I want to, I can. I mean I can sit and scrutinize my friends with the same kind of focus that I do my clients and be able to figure out what their issues are and what they need to do and where they went astray. And I don't want to do that. I don't want to know that about my friends. And I don't want to see my friends like that. I don't want to see them as anything other than my friends.

Brian seems almost afraid of his power "to know," as if he will see something about his friends that will in some way alter his relationship with them. Brian seems to have several concerns. His first concern is that he has the ability to "know" or to "see" things (e.g., the internal conflicts of others). His second concern is that he will

see something he does not want to see (e.g., the origin and meaning of those conflicts). His third concern, and perhaps the most troubling, is what to do with what he sees (e.g., interpret, try to ignore). At this stage in his professional development, Brian experiences these concerns about "knowing" only within the context of his friendships. It is likely that as Brian proceeds through training these same concerns will present themselves in his work with clients.

The ability to understand unconscious motivation, and the struggle around the sense of power this ability provides, was a central issue for several therapists-in-training in this study as they attempted to come to terms with being both a friend and a therapist. Beginning therapists said that they try not to think about unconscious motivation with their friends. Eric said:

> I started to see some of my friends somewhat differently because of the training. And I consciously stopped that process from occurring. I said, if I have this tool, that allows me to see them better, or allows me to see them differently, that again is my professional self. And I'm not going to have that influence my personal friendships. I just turn it off.

The potential to see, to know, and to interpret, seems to be an integral part of the therapist-in-training's newly developing sense of professional identity. A common internal dialogue for the therapist-in-training revolves around deciding whether or not to act on what they know.

Brightman (1984) believes that as therapists go through training they begin to come to terms with the fact that they are not all-powerful, all-loving, and all knowing. They begin to allow themselves to feel confusion, anger, and helplessness and to accept being "good enough." Brightman says that this involves going from a belief that they are benevolent to an acceptance of their self-interest and hostility; from a belief that they are omnipotent to a mastery of their feelings of helplessness and fear of loss of control; and, from a belief that they are omniscient to a belief that they understand enough and do not need to be perfect.

Conflicts about knowing also can be seen in how therapists-in-training respond to requests for advice from their friends. Donna, who is a beginning therapist-in-training, feels that she must call on a special part of herself when her friends ask for advice. She feels that people are expecting her to help them in a way they didn't before:

> People call me up now and say, you know, I've got this problem and I really feel that you can do something about it. And I can listen but it's not... I do really feel sometimes like people think I can now see into their souls. And, I mean I'm willing to do a lot for other people, and I hate to cut people off in a conversation. And I can listen and be patient for a long time. But I do sometimes feel like people think that I know things now. Or have things to offer them that I didn't have before. But part of it may not be becoming a therapist. Part of it may just be getting older. Friends have said that I've become more mature.

Donna's struggle with what it means to be a therapist seems to lead her to feel that her friends are asking her to be something other than a friend when they ask for advice. It is possible that her friends do expect her "to see into their souls" now in a way that they didn't before. It also is possible that Donna hears the request of friends differently due to her own struggle with learning to be a therapist and accepting her limitations.

Kathy, an intermediate therapist-in-training, reported being surprised when friends ask her for advice. Kathy said:

> I can't think of how [becoming a therapist has affected my friendships]. When I think of my closest friends it really hasn't changed a whole lot. One of them gives me a lot of credit. And he consults with me. Asks me for my advice on various things that have to do with what a therapist would do. And that's weird to me, I guess. To see, just the respect for me as a therapist. I don't know how much that's changed the relationship, but I suppose it has. You know, the feeling that he sees me as a therapist and respects me for that....And that's the funny feeling I feel when he asks me for expert advice. Like I'm an expert. And he considers me that. And I, just like, I'm like, what the hell. I don't know anything.

Kathy seemed to feel ambivalent about her role as an expert. She seemed to be pleased with the respect she is receiving but concerned that she does not know enough to be helpful. It is unclear whether Kathy's proclamation that she doesn't know anything reflects her acceptance of the fact that she is not "all knowing," or is a defense against her unrealistic expectation that she know everything. To the extent it is the latter, we can expect that as Kathy

continues her training she will come to terms with the fact that being an expert does not mean having answers.

Gary, an advanced therapist-in-training, also expressed ambivalence about being asked for advice. However, Gary's ambivalence is different than Kathy's. He said:

> A lot of my friends will now ask me for advice which feels good, because I'm being respected. But it also puts you on the spot because you don't want to be a professional expert with your friends. I think I'm fairly successful at never falling into a therapist posture with my friends. I'm more likely to say, "well, maybe your sister should talk to somebody about that."

While Kathy focused on the fact that she did not have answers, Gary seemed comfortable being seen as an expert. His concern centered around not wanting to interact with his friends in the way a therapist would interact with a client.

Michael, an advanced therapist-in-training, did not express any ambivalence about being in the role of expert. He said he enjoys the respect he feels from his friends when they ask for his advice. He said, "I like when people ask my professional opinion. It's validating."

Beginning therapists-in-training seem to feel ambivalent about the request for advice. It raises their anxiety about needing to know everything and not knowing enough, as well as wanting to be a friend but being expected to be a therapist. The next stage of development seems to be an acceptance of the identity of therapist and

a pleasure in having that identity validated by the request for advice. At this stage of development, therapists-in-training seem to be using the identity of therapist as a way to validate themselves. It is an external validation, dependent on others, rather than an internal validation, based on their realistic sense of themselves, including their skills and limitations. As the identity of therapist becomes more a part of one's self, therapists-in-training seem to be able to step back from their role as a therapist and suggest that while they themselves cannot help, they recognize that the person needs help. They are confident enough in their identity and in their relationships with others that they can let people know that the best advice they can give them is to see a therapist.

The men and women in this study seem to differ in how they feel about their role as expert in relation to their friends. The men seem much more confident in their expert roles than the women. The women tended to express more ambivalence about having their friends think of them as experts. It would be interesting to know the extent to which this difference between the men and women in this study reflects a general difference in comfort with professionalism and power and the extent to which there is something specific about the role of therapist that might explain this difference.

Several women in this study talked about trying to find a way to integrate the skills they are learning as a therapist into their friendships. Rebecca, an intermediate therapist-in-training, talked about making decisions about what to say and what not to say to her friends:

> It's hard. Like, I have a friend that I think should go into therapy. It's just obvious. We get to this point in the conversation, and I think, what is the next logical sentence. You should really go into therapy. She goes, "How do you think I'm going to get over this?" But I really was wary of it. And in fact, I ended up saying, "I wish you had enough money that you could go into therapy." And she took it really well. It was sort of like "oh, yeah." And she felt that was a very generous thing for me to say, instead of critical. But I'm wary of that too. Like saying that that's the solution for everybody. And then I had a friend who was getting married and I couldn't stand her husband-to-be. Awful person. And I did not say, I can't stand him, you're making a big mistake. And now she's divorcing him. And I said, "you know, I really wanted to tell you you were making a big mistake." And she said, "I'm really glad you didn't, that must have taken a lot not to." And that's more a therapist stance at the time. Not to say it. As a friend.

Rather than fearing what she knows about her friends, Rebecca seems to be using what she knows to help her make decisions about how she wants to interact with them at a given time. Rather than forcing a distinction between herself as a friend and as a therapist, she seems to be using her developing knowledge of human relationships to be a better friend.

Whereas beginning therapists-in-training fear that they will treat friends like clients, intermediate and advanced students begin to notice that they are no longer

doing so--at least in lay terms. They often feel that the way they treated friends before they began training was more like the stereotype of a therapist talking with a client. However, they are aware that they sometimes are unsure of the line between being a friend and being a therapist. Angie, an intermediate therapist-in-training, said, "I used to treat my friends much more like I was their therapist. I was always the listener. Now I try to have more mutual relationships." However, Angie still struggles with what she should and should not say to her friends. She said, "We do learn a different way to listen and comment that you want to give your friends, too, if it will be helpful. But I try not to do that too much." For Angie, not acting like a therapist with her friends has to do with having her own needs met. She said, "I need to be clear with friends that I'm not their therapist. It's important for me to do that so that I don't resent them or feel like I don't have friendship friendships."

Another intermediate therapist-in-training, Claire, also talked about her movement away from treating her friends like she is their therapist. She said, "I'm reluctant to play therapist with friends. I think I did that a lot more before I learned how." Later Claire talked about how she is using her training to strengthen her friendships. She talked about being more willing to work through issues, and being more direct:

> I have really started to learn to struggle with issues and talk in a way that's non-threatening. It feels like a skill to learn how to work together with someone. And I don't act like their therapist and they don't act like my therapist. But I'm always listening for indirect communication. And I'm better able to listen without automatically just feeling guilty and saying "oh what a shit I am."... And I'm more inclined to confront problems when they happen. I'm more aware of how I feel about certain things and more inclined to bring that up. And I'm more aware of how I might be contributing.

Claire is beginning to use not only what she knows about her friends, but also what she knows about her own process, to have more meaningful relationships with her friends.

Gary and Michael also talked about how they have incorporated what they have learned through their training into their friendships. Gary said:

> Since my way of thinking has become more focused on looking past the surface to what the person is really about in my professional life, I can't help but do that more in my personal life. When there's a problems or mixup, I probably talk about it more. That's probably also because more of my friends are clinical people.

Michael said:

> My relationships now are more honest and more clear. I put up with less shit in relationships. I'm pretty much able to know clearly what this relationship is and decide whether this is a person I want to be with or not. I used to feel that everybody should like me.

Both Gary and Michael feel that they now are more direct in their friendships. Gary seems to feel that there is no difference between his therapist self and his personal self.

In his discussion of how trainees relate to their clients, Ralph (1980) noted that therapists-in-training

begin with a concrete focus on the role of the therapist (Eckler-Hart's false self), move to focusing on the particular client, then focus on the relationship with the client, and finally are able to integrate their own feelings (the true self) into the therapy. This seems to capture the changes that the therapists-in-training in this study described in their friendships as well. Again we notice a gender difference, with the women talking about finding a balance in using their therapeutic skills and the men talking about a more straightforward willingness to use their skills.

Summary

There seems to be a developmental progression during training in which the student comes to terms with their identity as a therapist in relation to their friendships. It seems that all beginning therapists-in-training in this study try to keep the identity of therapist at bay for fear of the power they have to know and to affect others. As they continue in their training, these therapists-in-training seem to begin to internalize the role of therapist, and integrate being a therapist with being a friend. They seem to be more comfortable using what they are learning to inform their understanding of their friendships. However, there seems to be a difference in how the male therapists and female therapists at this stage of training feel about using the knowledge they have. The

women seem to feel more ambivalent about their power, and struggle more with how they should use it within their friendships. The men in this study who are at this stage of training seem much less ambivalent about their power. They seem to say, "this is what I know, and this is what I will do." There is less questioning.

At this stage of training these therapists often begin to seek more mutuality in friendships than they had before they began their training. Several women therapists talked about how they were much more likely to "be the listener" in friendships before they began their training. Now these women offer advice when they feel like it, and sometimes take more of a therapist's stance as a listener. It seems that they feel they have more options for how to be with their friends, rather than fewer. Several male therapists-in-training talked about the importance of doing non-clinical things with their friends.

At the same time that therapists-in-training are developing a better understanding of their friends, some begin to feel that their friends, particularly non-therapist friends, are understanding them less. Claire said:

> One thing that feels like it's lacking with my closest friends who aren't therapists is, I don't feel that they understand me in terms of the process I'm going through here. And that they haven't even thought that maybe they should get to know that part of me. Through no fault of their own, they just don't know what that idea is.

Claire's concern that the personal process she is going through in becoming a therapist is not understood by her non-therapist friends will be discussed further in the next section.

Containing and Sharing Emotional Experiences

Part of training to be a therapist is learning to deal with the emotions that we feel as we sit with a client and that we often carry with us when we leave the therapy room. The intensity of the therapy situation, the sometimes overwhelming nature of our unconscious processes and those of our clients, and the context of being a trainee, can be quite unsettling. One of the more difficult issues for the therapists-in-training in this study has been coming to terms with how much of their emotional experience they are willing to share with others, and how much they will keep to themselves. While this issue often is framed as one of confidentiality, it seems to be more one of learning to understand and contain the powerful emotions evoked in doing therapy. What do we do with the feelings we have as a result of sitting with a client? Where do we set the limits on what we talk about to our friends? Where do we create boundaries around our selves and what do we share with others?

Several authors (Freudenberger & Robbins, 1979; Goldberg, 1986; Greben, 1975; Guy, 1987) have discussed the difficulties therapists have in talking about their work due to issues of confidentiality. However, Greben believes that too often we use concern about confidentiality to hide our reluctance to discuss our failures and limitations. He also believes that therapists often choose not to talk

about their work so that they can maintain an aura of mystery; a sense that they have special knowledge. It is as if talking about the feelings raised in us when working would remind us that we are no different than others--that we too have intense, overwhelming experiences, and that we too experience not knowing.

It is important to separate issues about protecting the identity of the client (i.e., confidentiality) from issues that have to do with insulating the therapist. In this way we will not confuse confidentiality with concerns we have about our work and our selves.

Donna, a beginning therapist-in-training, expressed her need to talk to her therapist friends about her work. She said:

> I talk to people on my team about my work and my clients. And Janet and Carol are close friends of mine and there have been times when I would speak to them. Not so much about my conflicts, but more sort of, this is what I'm struggling with. You know, like what should I do, how should I think about this, how should I see it.

Rather than talking to her friends about her feelings, Donna talks about the actions she should take with her clients. Brightman refers to this as "the acting adaptation," in which beginning therapists respond to their desire to be omnipotent and their sense of helplessness by attempting to "do something." Although Donna talks about her work with her colleagues, she expressed concern that she would be looked down upon for doing so.

Debra: Do you have a notion that the program encourages that [talking about your work] or

Donna: No. I have a notion that it's really sort of looked down on. Which could be a misperception on my part. But, actually we spoke on our team about this. About the importance of only speaking on the team, during team time about things. And I believe very much that it's important for things to be confidential. And I certainly don't think that people who come in for therapy want their business all around. But I do think that there's a way that it can be talked about, and I think there's a need for it to be talked about. And not to never speak about it. I can't. The team context is good, but it's not everything. And it's structured, and sometimes there might be a way that something needs to come out from me to someone that's not on the team. I feel that there's just such a caution, which is like, no, don't do it.

Each therapist-in-training in this study seemed to seek a compromise between their perception of the institutional demands for confidentiality and their own need to talk about their work. Donna recognized her need to talk to her colleague friends, but she struggled with whether it was ethical to do so. Perhaps some of this struggle reflects Donna's concerns about sharing her emotional life, particularly her conflicts, with others.

Eric, also a beginning therapist-in-training, expressed his concern that the emotions that are raised for him in his work with clients not enter into his relationships with friends. He said:

I'm trying to leave the emotions from work at work. I'm trying to feel the emotions that have been raised, trying to understand them, make a mental note, and let it go. I want to process it fast and move on. Like if I'm going to dinner with friends I don't want to spend that dinner time thinking back to the clients that I just had and allow the interactions that I'm

having now to be clouded by the relationships with the client. I just want to get it over with and then just go on with my life.

It seemed that the interactions Eric was having with his clients were having a profound emotional impact on him: an impact he was not able to leave behind when he left the office. However, Eric was not ready to share his emotional experiences with his friends. Later in our conversation I asked Eric whether he felt that it would change his relationships with his friends if he did not talk to them about his work.

> Eric: I guess what I hope is that what happens in there with the client does not change me. What I hope is that I am a person and sure, everything in my life, has an influence on me. But I hope that I'm not going to be a different, fundamentally a different person because of my training. I hope I'm going to be the same.
>
> Debra: Well, I'm trying to understand whether for you that means you don't think it's necessary to talk about your work or your clients. Maybe I'm pushing this point too much.
>
> Eric: I guess I was viewing therapy as a job, and it was a job that I was going to try to leave at the office. So that's the model that I'm working under. So that there's enough of me that's not therapy related so that it's like if I don't talk about the therapy with friends I'm not leaving out so much that they can't understand me as a person.

Eric seemed to feel that acknowledging the need to talk about his work would be an acknowledgment that becoming a therapist was changing him.

All of the therapists-in-training in this study who were in partnered relationships said that they talk about their work with their partners. For some the decision

about how much to share with their partners has been easier than for others. Jessica, an intermediate therapist-in-training, struggled with deciding how much she could tell her partner about her work. She said:

> This is a touchy issue. I've been more on the side of not saying anything, which has been hard on my partner. If I don't tell him what's going on with me, I'm going to change and it's not going to keep working. So I have to go back and rethink what I can talk about and how I can talk about it.

Jessica did not seem to think that carrying strong emotions from work was an adequate reason to talk about them. It seems that for each of these therapists-in-training there is a sense of needing to contain strong emotions within themselves rather than using others to help them understand and contain them.

Each of these therapists-in-training is trying to come to terms with two opposing beliefs: their belief in confidentiality, which too easily fits in with their sense that they must protect themselves within their professional identities; and, their belief that to have intimate relationships, and learn about themselves and their work, they must allow themselves to relate to other people in a vulnerable way. While confidentiality certainly is important, the way these therapists-in-training hear the message about confidentiality seems to substantiate their belief that they must not look to others for help. For some therapists-in-training, this may relate to an earlier

time in their lives when they came to believe they must respond to the needs of others rather than their own needs.

Frank, an intermediate therapist-in-training, said he is willing to talk about his clients only when he is feeling totally overwhelmed, "when it's life or death." Frank feels guilty about needing to talk to others about his work. He said:

> I've talked about clients to people in the program, somehow because we're all in it and all together in the clinic. But, you know, then I don't talk about myself. I talk about the client. I don't feel like I have a good outlet. I'm not sure, isn't it funny. I feel guilty needing one.

Several therapists-in-training referred to talking about their work as gossiping. Brian, a beginning therapist-in-training said, "What's interesting to talk to other people about is kind of the gossipy part of describing people to somebody. I try very hard not to make clients so depersonalized that they're just fodder for my conversations with other people." Brian described talking about clients as "talking behind their backs."

Rebecca, an intermediate therapist-in-training, said that she often talks with her friends or colleagues about her clients, but that she hopes to get to a place where she doesn't need to do that anymore. She said, "I feel like it's morally wrong. I don't want to be seen as gossipy. I'll try not to talk if I have a choice, but if I feel compelled, then I will." Rebecca seemed to feel guilty

about her strong need to share with her friends the emotions she feels as a result of her work.

Gary, an advanced therapist-in-training, said that he talks about his work when he feels the need to. He said:

> My interpretation is that I have to respect people's confidentiality and privacy, but that my work is part of myself. And it's important to share my self and my work--for training, for my own betterment, in ways that might even help the client.

However, Gary also said that he has not found clinical work particularly difficult, and generally does not feel a need to talk about it. He is aware that there may be issues he is avoiding. He said:

> I don't ever remember feeling overwhelmed or the weighted feeling. Maybe it was there and I repressed it. But I don't ever remember a time when I had to lean on friends or really talk about it with friends because it was really hard. It was mostly the amount of course work that was hard.

It seems that Gary's ease in talking about his work is tied to the fact that working with clients does not raise difficult emotions for him. Therefore, to talk about his work is not risking feeling vulnerable.

Angie and Claire, both intermediate therapists-in-training, talked about the importance of sharing their feelings about their work as a way to connect with other people, and to understand themselves. Angie said, "It's important for me to share the intimacies of intimate work. It's important for me to talk about how the work is affecting me." Claire said, "I talk about things with my

therapist friends. I talk about things that throw me, or feeling incompetent, or feeling very moved about something." Claire feels that something would be missing if she didn't talk about her work with her therapist friends. She said:

> With people who are in the program and in therapy the conversation often drifts to therapy topics. That's so much a part of me now. And it's hard when there's a part of my life I don't talk about. Sometimes I feel like that has been missing. And it's created a void in my relationship with people because then I don't have anything else to say because that is what my life is about at that moment.

Claire reported that she sometimes chooses not to talk about the emotions generated in her work. It was unclear why she sometimes makes this choice, but she recognizes that the consequence of not talking about her work is to feel isolated from others.

Both Angie and Claire said that they are selective about those with whom they choose to talk. Neither thought their non-therapist friends would understand enough to be helpful. Angie said, "non-therapist friends don't understand enough to make the conversation comfortable." Claire said, "With friends who aren't therapists, I find I just don't even know how to start to talk to them about what's going on. It's like we don't have a common language."

For the most part, the therapists-in-training in this study said they feel more comfortable talking to their colleagues than their non-therapist friends about their

work. It seems natural for these therapists to turn to people they know who have similar experiences, particularly when talking about surprising or frustrating aspects of therapy. Therapists also talked about the importance of getting "reality testing" about their work from both friends and colleagues. For example, Michael, an advanced therapist-in-training, has talked to friends about understanding the sexual dynamics between him and a female client. He said:

> I remember the first time I had some very strong sexual insinuations from a client. And I was beginning to wonder whether I was doing something. And although I was being supervised I wasn't in therapy myself. So I wasn't able to understand it from the other side. So I talked to therapist friends about it and said, "What do you think about this? What have you done in this situation. How do you know--am I creating this, how does it look to you." That kind of thing. And I talked to non-therapist women friends about it in a general way. Like I asked, "when I talk to you, am I seductive to you in any way?"

Michael seemed to feel more comfortable talking about sexual countertransference with his friends and colleagues than with his supervisor. It would be important to know why.

Summary

Most therapists-in-training in this study seemed to feel that they could talk about their work and their clients in a way that maintained confidentiality. The concerns these therapists-in-training expressed regarding

confidentiality seemed to have more to do with their willingness or ability to let themselves be known.

Two beginning therapists talked about the necessity of maintaining the mystery of therapy. For these therapists-in-training the issue of maintaining confidentiality seemed to be more a matter of pride and a sense of importance in their newly-developing identities. This pride is part of the protective false self. Several more advanced women therapists-in-training were concerned that they might contaminate, or intrude on, the therapy of non-therapist friends by talking about the therapeutic process. Perhaps this too is part of the false self--it keeps us from revealing how we feel about the work we do. Sitting with clients can evoke powerful emotions in us. To share these emotions with friends can lead us to feel vulnerable. At the same time, denying these emotions can leave us feeling cut off from others in our lives. As we learn to contain these emotions we seem more able to share them with others.

Several therapists-in-training talked about the importance of sharing their work with friends as a way of feeling connected and allowing themselves to be known. Several women therapists-in-training said that their ability to talk about their work, and therapy in general, has enabled them to have deeper friendships with colleagues than with non-therapist friends. These therapists-in-training feel that their non-therapist friends would not

understand what they were talking about if they shared their concerns about their work.

Several therapists-in-training in this study seemed to feel that the need to talk about their work was a shortcoming, something they should get beyond. These therapists were disparaging of their need to share their thoughts and feelings with other people. Max, an advanced therapist-in-training, described his criteria for talking about his clients. He said:

> I'm only going to talk to friends if they are legitimately, seriously interested and they're going to hopefully use it in some way for themselves or to gain some understanding of themselves or of me. I have no interest to pass it along as entertainment.

He went on to say:

> I tend to pay tribute to my clients, the difficulties my clients face. I feel good about my association with my clients and their struggles. It makes me feel good about myself. Maybe that I'm helping, or maybe it's just voyeuristically satisfying.

The issue of being "voyeuristically satisfying" was difficult for most therapists-in-training in this study. Several went out of their way to explain that they never make fun of a client and never disclose information for their own "self-gratification." This point will be discussed further in the section on aggression, competition, and power.

While the issue of learning to contain emotional experiences gives us an opportunity to understand the internal dynamics of therapists-in-training, it also gives

us an opportunity to discuss the dynamics of the system in which therapists work. For the therapists-in-training in this study, the issue of confidentiality seems to reflect their struggle to accept their vulnerabilities and limitations. This includes learning how to contain and share the powerful emotions they experience as they sit with a client, and which they carry with them when they leave the session. It involves understanding the impact of their emotional experiences on their relationships, particularly on the boundaries they create between themselves and others.

Many of these therapists-in-training believe that the clinic in which they work is too rigid in it's requirement that they not discuss their clients with anyone outside of their team or supervisor. It is possible that the clinic is reflecting at an organizational level the struggle the therapists are facing at an individual level. In speaking about the profession of psychoanalysis, Greben (1975) says:

> We do not, even after years of analysis, readily betray our shortcomings in front of others. In addition, part of the problem lies in what we do, not as individuals but as members of professional groups. We create an atmosphere of unrealistic expectation, where what we do and what we say we do, are so different. Somehow this can only be helped by striving to establish more receptive audiences amongst ourselves; not for the unrealistic debasement of what we do but for the realistic admissions of the limits of what we can do. This repeated and candid exposure of the real limits of what we can accomplish is most likely to keep to a maximum our individual abilities to assess our capacities in our work realistically (p. 432).

It is possible that these therapists-in-training are receiving two messages from the clinic in which they work: that they should allow themselves to be vulnerable so that they can learn; and, that the clinic, or profession, can not tolerate vulnerability and personal frailties. In the next section I discuss the role being vulnerable has played, and continues to play, in the lives of these therapists-in-training.

Risking Vulnerability

In order to share their emotional experiences with others, a person must risk being vulnerable. By this I mean they must allow their true selves, the part of themselves that feels real, to be present with the other person. This willingness to risk being vulnerable can exist only when a person feels that their true self will be safe from destruction. Winnicott (1960b/1965) believed that it is the false self that hides and protects the vulnerable true self. To the extent that a person sees their world as a safe place, or believes that they are capable of protecting themselves by calling upon their false self, they will be able to allow more of their true, or vulnerable, self to be present. As discussed in the previous section, learning to be a therapist can evoke powerful emotions. Often these emotions exist at an unconscious level and seem quite overwhelming to the therapist-in-training. In order to deal with these emotions, these therapists-in-training sometimes shield themselves by using a false self.

Winnicott (1960b/1965) outlined a progression of false self organizations. He said that at one extreme the false self completely hides the true self. "The False Self sets up as real and it is this that observers tend to think is the real person" (p. 142). The next, less extreme, organization is one in which "the False Self defends the

True Self; the True Self is, however, acknowledged as a potential and is allowed a secret life" (p. 143). Next is a move more towards health in which "[t]he False Self has as its main concern a search for conditions which will make it possible for the True Self to come into its own" (p. 143). Still further towards health is when "the False Self is built on identifications..." (p. 143). And, finally, in health:

> the False Self is represented by the whole organization of the polite and mannered social attitude, a 'not wearing the heart on the sleeve', as might be said. Much has gone to the individual's ability to forgo omnipotence and the primary process in general, the gain being the place in society which can never be attained by the True Self alone. (p. 143)

The true self is the self that is, without any environmental impingements; it is, according to Winnicott, the experience of aliveness, the source of the spontaneous gesture. The false self forms the compromises with the environment. Winnicott defines a healthy false self organization as one which allows the person to function in the social world. Winnicott states, "There is a compliant aspect to the True Self in healthy living, an ability of the infant to comply and not to be exposed. The ability to compromise is an achievement" (p. 149-150). In Brightman's terminology, the person who has developed a mature narcissism would be able to choose when and with whom they would risk being vulnerable.

Eckler-Hart (1987) noted that it is difficult for therapists-in-training to risk being vulnerable. Several therapists-in-training in this study said that they either feel the need to be perfect or assume others need them to be. Brian, a beginning therapist-in-training, said that he is always out to impress people and therefore is never willing to be vulnerable. Never being vulnerable would be at the extreme end of Winnicott's false self classification. Eric, who also is a beginning therapist, said that some of his friends are less open to his vulnerability now then they were before he began training. He said, "They view me as this demi-god who should be more together." I asked Eric whether he felt that his friends' empathy toward him had changed since he started his training. He said:

> I think they still don't express the kind of empathy that I want, but I'm more aware of it now. So it makes it worse. And I was just thinking, well, what would I want. I guess I feel like I'm afraid to say something that I think will be real important and to not get a reaction to it. So, I don't say it. And then I set up a self-fulfilling prophesy. Where I don't get the empathy I want but it's partially my own fault because I'm afraid of failing to get that empathy so I don't try.

Eric is afraid to risk being vulnerable for fear that his friends will not respond to him. He seemed to feel that he would not be able to deal with such a lack of response. Eric's fears were heightened as he became a therapist, which he believed led his friends to expect him to be even more invulnerable. Eric is aware that by not risking

being vulnerable he cuts himself off from the hope that others will respond to him. He did not feel safe enough to take the risk.

Max, an advanced therapist-in-training, also realized that his fear of being vulnerable has made it more difficult for his friends to be empathic. He said:

> One of my biggest goals in life is to trust my friends more with that [the vulnerable] part of myself. A lot of time I use the label of therapist as an excuse for not doing that. This notion that when you're a therapist you're supposed to be in perfect control of your own emotional being and so you aren't entitled to any support. I think that's just defensive construction and really what it is is I'm just as frightened as I ever was. But now I see that more as a defensive maneuver and being a therapist has helped me share that part of myself more with other people.

Max realizes that rather than needing to be more perfect because he is a therapist, he has used the label of therapist to cover his fear of being vulnerable. He recognizes that it is he who needs to see himself as perfect. With this understanding, Max is now struggling to allow himself to risk being more vulnerable in his friendships. Becoming a therapist has helped him understand the need to take this risk, and he seemed to know at some level that he will survive, but he still is quite frightened.

Other male therapists talked about how difficult it has been for them to risk being vulnerable. Like Eric and Max, Frank, an intermediate therapist-in-training, said that he is afraid that if he shows his vulnerability no one

will respond, and he is not willing to take that risk. Michael, an advanced therapist-in-training, also talked about how hard it had been for him to show his vulnerability. He said:

> My girlfriends always said I was too cool. They thought nothing bothered me. Because I always had an answer. And I didn't share a lot of myself. When people say you're cool what they really mean is they don't know who the hell you are. But I was giving what I could give.

However, like Max, Michael believed he was more willing to be self-revealing as a result of his training. He said:

> I think I'm more revealing now than I was before. Or more comfortable revealing than I was. Growing up I lived intensively on my own, and I didn't verbalize the pain in any way that I remember. I was in intense pain, but I just didn't want to bother people with these things. It was a sign of weakness.

While Michael is more self-revealing, it is still difficult for him to ask for the help he needs. He said, "I don't like to talk about problems much in my daily life. Which is why I like academia more than clinical work. Clinical work is so intense."

While therapists recognize the importance of being self-revealing, it is not always easy for them to act on this knowledge. Some of this has to do with a fear of how they will be judged by others. Max said, "I've shut down a lot of my own spontaneity. I felt I needed to do that to be considered OK. But I think I would have been considered OK if I had done what I wanted to." Jessica, an intermediate therapist-in-training, said, "I've always been

afraid of being self-revealing for fear that people would think I was too crazy. I feel more willing to take the risk now." Rebecca said she fears that she is getting beyond the point where her friends can help her, and that she is afraid to keep talking about herself for fear her friends will get tired of hearing her troubles. She said, "I keep my moods to myself more. I don't talk about my anxiety and my depression. Maybe it's because my experiences are less intense now." Like Eric, Rebecca also said she feels that she has to seem together to other people. She said:

> I have to appear, even to my friends, as a little bit more of a stable person. Or I am a little bit more of a stable person. It's both. I can't tease that out. But sometimes it's been very on purpose. I have felt really depressed and I've chosen not to say it. It's like, I think I'll just keep this to myself. And I don't know if its, can they help me any more. I'm beyond them. What can they do for me. It's not total, but I'm a little less vulnerable.

It is unclear whether Rebecca's sense of feeling more stable is healthy or a defense, and how it ties into her sense that she may be getting beyond the ability of her friends to help her. She said later that there is a healthy aspect to her not being so self-revealing. Rebecca said that through her own therapy she is learning to process her emotions before sharing them with others. Jessica, an intermediate therapist-in-training, also said she is changing how she presents herself to her friends. She said:

> The quality of what I say has changed. It feels like what I say is more thought out. I feel like I don't use my friends anymore for raw emotions. I think that's more from being in therapy.

These therapists-in-training seem to feel that it is important to distinguish between a more healthy and a less healthy self-disclosure. They said they feel that less healthy self-disclosure is when they "dump" their raw emotions because they are feeling out of control. They feel self-disclosure is healthier when they try to understand what they are feeling and then share the result of this internal process with their friends. This seems similar to what was discussed in the previous section as emotional containment. It also represents Winnicott's notion of the healthy organization of the false self.

Claire's description of her changes regarding being self-revealing reflects a progression through the false self organizations outlined by Winnicott. She said:

> Being self-revealing is changing for me. After my crisis I was just spilling out all this stuff. Then I swung to the other side of saying all I've been doing is spilling and I've got to stop now. And then I went into therapy and had that be the place. And now I'm back to being more revealing and being comfortable with that.

Claire talked about how she has dealt with her fear that her true self would be attacked. She said:

> I do feel like I can express my vulnerability, with a few exceptions. And I can express it with women friends more than men. I think the change has come from understanding how I can phrase it differently so that it doesn't pathologize things so it doesn't give them the one-up position. I've learned to talk about

> my vulnerability without having to simultaneously talk about their strengths.

Claire still seems to believe that, given the opportunity, other people would use her vulnerability to their own advantage. She is trying to find a balance between allowing herself to be known and protecting herself. Claire said that it has always been difficult for her to be open about herself. She said, "My deeper internal life has always been more secret. It's been a real challenge to me to even think I could say these things. The fantasy or intrapsychic things."

Angie, an intermediate therapist-in-training, attributed her willingness to be more self-revealing to a combination of her training and her personal therapy. She said:

> I feel like I am learning more about my own anger, pain, and hurt. I'm reaching out to friends more and realizing they can be there for me. I feel like I'm more self-revealing than I've ever been. I'm able to be more vulnerable with my feelings and open with my friends and leaning on people now.

Angie also talked about how the process of going through training has allowed her to be more forgiving of herself. She said, "I'm allowing myself to be much more vulnerable about my training now. Before I felt like I had to be perfect. I was humiliated that I was having personal problems." It seems that Angie's training and therapy are working together to help her accept her vulnerability.

Like Max, she is realizing that others do not expect her to be perfect.

Therapists-in-training who have always considered themselves to be self-revealing felt that this hasn't changed as a result of going through training. Kathy, an intermediate therapist-in-training said, "My friends and I are self-revealing with one another. Not in a neurotic way, but in a normal way. This hasn't changed since I started training." Gary, an advanced therapist-in-training said:

> I don't know how revealing I am with my friends. It's different with different friends. But that's part of my definition of what being a friend is. Someone who if I want to talk about something I can. And if they want to they can. I don't think that changed since I started training. It's probably more the fact I've known people so long now.

Empathy

Brightman (1984) believes that there is an inverse relationship between a person's feelings of grandiosity and their ability to empathize with others. Therefore, as a person's grandiosity decreases, and their willingness to be vulnerable increases, we would expect their ability to empathize with others to increase as well. I asked the therapists-in-training in this study whether they felt that their ability to empathize with their friends had changed since they began training. By empathy I was referring to the capacity to feel and understand what another person feels or needs, or that with which they struggle. Most

participants reported that they felt much more able to empathize with others as a result of their training. They did not attribute this to a change in their vulnerability, but rather to their new-found ability to look beyond what a person presents to them. Claire, an intermediate therapist-in-training said, "My empathy has changed because I'm now more inclined to believe that there's more under the surface. More than meets the eye." Rebecca, also an intermediate therapist-in-training, said:

> I'm more tolerant. I'm more laid back about why they're doing things. What their motivations are. I'm less judgmental. And I'm seeing things on a much longer time span. It's just one thing in a long series of little ups and downs of life. That kind of viewpoint.

It seems that the therapists-in-training in this study sometimes are able to feel empathy for others before they are willing to allow themselves to feel vulnerable, or to receive the empathy of others. This seems more the empathy of the caregiver, who can give, but not receive, care. It seems the caregiver is able to feel both grandiose (omnipotent, omniscient, and benevolent) and empathic. It might at first seem then that Brightman was wrong, that there is not an inverse relationship between grandiosity and empathy. However, it is more likely that these therapists-in-training were using a limited definition of empathy--one which is equivalent to benevolence--rather than encompassing the full range of emotions, including anger and hatred. I will discuss the reluctance of

therapists-in-training to address issues of anger and hatred in the section on aggression, power, and competition. I will discuss the role of the caregiver in the next section.

Summary

We see that the therapists-in-training in this study are struggling to come to terms with their emotional relationships with their friends, particularly allowing themselves to be vulnerable. Many have not had mutually-intimate friendships in the past. Several took the role of listener or caregiver instead. Some withdrew into an independent stance, not necessarily caring for others, but also not asking for anything for themselves. Several of these therapists-in-training said that through training they are learning to be more tolerant of their friends and of themselves. They also are learning that they want more intimate relationships than they have had. The struggle to be vulnerable seems to be a difficult one for most of these therapists-in-training. For some the risk of being vulnerable is still too great, but they are aware of the challenge. Others are allowing themselves to take risks with certain friends. For several therapists-in-training, personal therapy has made the most difference in their ability to allow themselves to be vulnerable. While the therapists-in-training in this study did not make the link, it also seems possible that as therapists-in-training can

allow themselves to have more of a range of feelings, and be more vulnerable, in their work, they also are able to be more open and vulnerable in their friendships. It is likely, as Angie suggested, that personal therapy and training can work together to help the developing therapist come to terms with their limitations, and feel safe in their vulnerabilities.

The Role of Caregiving

Part of the struggle for a "true self" (Winnicott, 1960b, 1960c; Eckler-Hart 1987) or "narcissistic maturity" (Brightman, 1984) has to do with a willingness to be known. By willingness to be known I am referring to the ability or desire to have others see our frailties as well as our strengths; this willingness is related to our acceptance of the fact that we are less than perfect. Those people who feel a need to be a caregiver find it particularly difficult to allow their true selves to be known. They unconsciously fear that if their true self is exposed to the world it will receive a narcissistic injury (Brightman) or be annihilated (Winnicott).

The caregiver self develops when too many demands are placed on a child before he or she is ready. The child then comes to believe that he or she must meet the demands of others (care for others) rather than having his or her own needs met. Henry (1966), Malan (1979), and Miller (1981) express the viewpoint that many people who go on to become therapists were caregivers in their growing up years. Malan (1979) refers to this as the "helping profession syndrome," in which therapists give to others the care they would like to receive for themselves. Malan believes that when this reciprocal care is not forthcoming the therapist can become resentful and depressed.

Several therapists-in-training in this study talked about their experiences as caregivers, and the impact this role has had on in their growing up years, choice of profession, and friendships. Claire, an intermediate therapist-in-training, is not sure of the extent to which she is a caregiver, and if she is, the extent to which it has played a role in her choice of profession. She chose not to label herself as a caregiver, saying that she believes the label is pathologizing. She said:

> I've often thought about this because people talk about it [the need of therapists to care for others] all the time. I haven't necessarily seen myself as a caretaker, but I'm sure there are those aspects of me. I'm reluctant to pathologize them. I struggle with the question of why I went into this field. I don't have any answers yet.

Those who identified themselves as caregivers are similar in some ways, yet each saw the meaning of this role in their lives differently. Michael, an advanced therapist-in-training, became the oldest male living at home when he was a young adolescent. Since that time he has considered it his job to bring out the best in everyone around him. Here is how Michael described the development of his role as a caregiver:

> My father left my house when I was a kid. And just a symbolic thing, you know, the power rituals and things, before he left he called me aside. This is the day he was leaving. He was going through a mid-life crisis. I know that now. Then I didn't know what was going on with him. And he called me to the side and gave me the keys to the house and said, "you are the man of the house now." And ten years old, he gave me the key to the house. His keys. And he said "My keys are your keys now. You are the man of the

house. And you should just remember that you're always the role model for your brothers and sisters." That was before he left. And then he left. And for many years I took that word by word. I was sort of the person in charge of things so they would run smooth for everyone in the family. Including my mother. I would meet her boyfriends and things like that. And I had to approve them pretty much. I would sit down and tell her, I don't like that guy. So I was put in that position that I had to make a lot of observations about people and who was good or not good and things. And it came much earlier than the average person. And my mother would talk to me about how things were going. You know, about the agony of struggling to earn money. Nobody else in the family would know. But she used to come and tell me about this. Then I got a job so I could contribute.

Debra: You felt responsible for your family.

Michael: I have a sister that reacted very differently than I did to the whole situation. She became more and more out of control and a rebel. I went to the other extreme. I was very careful and doing the right things and setting the right examples and taking care of things. She just couldn't take care of herself then. So in many ways, I just remember I always felt like I could solve what was happening. There were issues and I could deal with them. It wasn't a happy time. But I like to think of the time I realized I was an adult. It was when my father came one day. This is when I was 15 or something, and I said to him that it wasn't fair to me. It wasn't fair. There was too much on my shoulders. You know, you should come back and do something. And he did come back. That tells you how much I was hurting. I mean, he probably came back for many other reasons too. But I was also talking about how much they valued my opinion. And I remember saying, Jesus Christ, this is intense. And feeling also very light at the same time. And now I'm becoming a therapist.

At a young age, Michael was given responsibilities well beyond his "true self's" ability to cope. He was forced into a position where, to protect his true, vulnerable self, he had to develop excessive coping strategies. He became a role model and felt he could solve

any problem he encountered. He served as his mother's confidant, and felt responsible for his family in a way that seemed both gratifying and overwhelming. Michael feels that the most adult thing he did was to demand that his father return. Michael's closing remark, "And now I'm becoming a therapist" seemed to imply that he understands that he has transferred the sense of power, responsibility, and ambivalence he felt in his family to his clinical work. To not do so would mean facing feelings from his childhood that he may not yet be ready to explore.

Kathy, an intermediate therapist-in-training, was eager to talk about her changing role as a caregiver. Ironically, some of this eagerness was due to her concern that she might not have been providing me with enough information during our interview. In the following conversation, it became increasingly apparent that Kathy has felt overwhelmed by her sense of responsibility for others, and was struggling to give up her role as caregiver:

> Kathy: When you said the word caretaker, that was the first word you had used that really triggered my mind. And I thought, oh, finally, we're gonna get somewhere now. I think I'm not as much of a caretaker. I have less of a need to take care of people. I'm kind of burned out. I think I've had this need in me forever to take care of people. And I'm kind of satisfying it. And I don't have that strong a need as I used to. In fact, sometimes I have no need whatsoever to take care of anyone. I feel, sometimes I definitely feel burned out. I don't want to take care of people. Which I never felt before.
>
> Debra: Does that feel like a loss to you?

Kathy: Yes and no. Because I think, actually I should probably qualify that. Because I think I've had a need to take care of specific other people, like my friends. And that need perhaps I've lost to some extent. I just feel burned out. I don't want to take care of people. Specific people. But instead I'm having a greater need to take care of people I don't know. So it's not as needy. I am more interested in being involved in political causes and charities now, so I don't have to be responsible for people on a one-to-one basis, which I find draining. You can feel like you're giving without seeing the person so you don't have to feel as drained like the person's always there and needs something.

Debra: It sounds like there's more choice in it. You can choose to be there or not be there. Where with a friend or client it sounds like it feels different.

Kathy: Right. That's it exactly. It's easier on you. Because you can choose. I'm going to be giving now, I feel like I could give. And now I feel, no, I don't want to give. And so you can do that. And when you don't have that option it's just much more draining when you're giving to a person. And so I feel like I don't have what I used to have in terms of giving to people. I don't have it to give to people. But, I feel that I'm changing in getting more involved in other things. Which is not as draining on me. So, it's a loss and it's a gain.

Debra: Has it affected your friendships for you not to be so much of a caretaker any more.

Kathy: Well, yes and no. In some of my relationships I was more of a caretaker than in others. And in the relationships where I was a caretaker, I don't have them anymore. Because I couldn't do it anymore. So it's changed. It was such a big change that I guess the relationships had to go. I just couldn't do it.

Debra: has there been a concurrent change in your role as a care receiver as you become less of a caretaker?

Kathy: I don't think so.

Kathy stated repeatedly during our interview that she was feeling burned out and that she could no longer give to

people what she used to be able to give. At the same time she recognized that she still has a need to give. She recognized that she has always felt a need to take care of others, and does not know how to change this role other than to leave those relationships in which she is the caregiver. She has decided to become involved in politics and charities as a way to fill her need to care for others while lessening her sense of responsibility. This will not prevent Kathy from dealing with the more difficult task of changing how she relates to her friends and clients--so that she can both be involved and not be responsible. In order to do so she will have to understand the function being a caregiver serves for her, and be willing to be in a more mutual, vulnerable relationship with people.

Frank, who is an intermediate therapist-in-training, took care of others in his family when he was a child and as an adult he assumed that was his role as well. He said he always feels responsible and always feels he has to prove he's good enough. The tension of constantly being a caregiver ultimately led Frank to enter his own therapy. He started our interview by talking about his role as a caregiver:

> Debra: What I'd like to do is start with an open question about whether you've thought about changes that you've experienced in your friendships since you've begun your training, and if so, what kinds of things you've thought about.
>
> Frank: I've thought about that a lot, actually. Changes weren't limited to my friendships, but

certainly they were prominent among my friendships. Changes I was going through led to changing my friendships and led me to enter this program. And the changes spelled the end of most of my friendships.

Debra: Can you tell me what some of those changes were?

Frank: I think in a nut shell, I was a caregiver in pretty extreme ways, and regarding one friendship in particular, it had just escalated to such an extent that I was actually having somatic problems.

Debra: You were feeling a lot of stress from being a caretaker.

Frank: yes. (Tells story about very difficult friendship.) I couldn't believe I had let myself continue to this [the point of somatic problems]. And so I went into therapy. I started changing the nature not only of my friendship with this person, but with all my friends. Just setting much more rigid limits. I shouldn't say rigid, but limits that were a lot more realistic, and responsive to my particular needs.

Debra: Had your friendships always been like that? Were you always in the role of caretaker or were you sometimes the receiver of care?

Frank: I don't think I've ever allowed myself to be taken care of. But I have had friendships, in fact my best friendships... is that true? I think they've taken care of me. Actually, interestingly, putting it into perspective, I've always been a caretaker. I don't know, I'm probably going to sound confused because I'm not really sure about this.

Frank felt that being a caregiver was a central feature of his life for many years. He began his training at a time when he was becoming aware of the profound negative affects being a caregiver was having on him. He now is trying to set realistic limits on what he gives to others, and also trying to allow himself to be cared for. This is difficult for Frank because he believes that the

world is a hostile place in which he can't expect to have his needs met. He said:

> I have a hard time taking advantage of other people being there, a real hard time. I haven't felt like people have been receptive to what's going on. And somehow that's terribly hurtful. That's a sign that I don't belong in the world or something. It's a very hostile place out there so I have to be protective of something that I have very intense feelings about [i.e., being a therapist]. So part of what happens is it led me to not pursue things that would probably be there for the developing if I had, if I was less easily wounded.

Frank's pain is apparent as he describes his enormous need to be cared about and his awareness that it is his own fear that prevents him from truly connecting with others.

Frank and Michael both feel that they are becoming less of a caregiver as a result of their training. Frank said, "My friendships are better because I'm not feeling like I need to save people now. I'm realizing that was my need." Michael said:

> Well, before, when I was younger, it [being a caregiver] was what life was about. And I didn't think about it. I felt it was part of what we were doing. It was important that it get done that way. Now I know that for the most part things are going to move on, even if I don't do anything. I'm not the center of the universe the way I was. Of our family universe. And so I have more of a choice. I know when to step in and when to step out now in a way that I didn't then. Then I was in all the time.

The notion of having a choice seems central to being able to care for others in a healthy way. Choice implies that we give care because we want to, not because we fear the consequences of not doing so.

Angie and Rebecca, both intermediate therapists-in-training, also talked about having more balance in their caregiving as a result of training. Both reported seeking more mutual relationships rather than always being the listener. Angie, Rebecca, and Claire each said that going through a personal crisis while in graduate school helped them realize that their friends were willing to provide care to them as well as receive their care. This was a turning point for each of these women. Each said that before their crises they would have said that they gave more care than they received. They now are feeling much more of a balance in their friendships.

Summary

Several of the therapists-in-training in this study consider themselves to have been caregivers with their family and friends during their growing up years. While others do not refer to themselves as caregivers, they said they often found themselves in the role of listener, rather than active participants, in their friendships before they began training. Some referred to this as "acting like a therapist" with their friends. It seems that before they began training many of these therapists felt that the role of a therapist was to deny their true selves, and instead care for others. Miller (1981) says that it is the false self who listens, understands, empathizes, and helps.

Several therapists-in-training in this study reported that during the course of their training they have either become less of a caregiver in their friendships, or have allowed their friends to care for them more, or both. It is not clear how becoming a therapist has changed the willingness of these therapists-in-training to be in the exclusive role of caregiver. Eckler-Hart (1987) would suggest that as these therapists-in-training are coming to terms with their own limitations, they feel less of a need to protect themselves with the false self of the caregiver. However, these therapists-in-training did not make that connection directly. Instead, they talked about the stress of being a caregiver, and how they were not willing to feel that stress anymore.

For Kathy, being a therapist-in-training seems to have overwhelmed her caregiving ability. She said that her need to care for others has been satisfied and that she no longer wants to care for people on a one-to-one basis. Frank feels that the strain of being a caregiver led him to change his friendships, to enter therapy, and to begin training to be a therapist. Michael seems to still consider himself to be a caregiver, although he says he is beginning to be better able to choose when he plays that role.

It is important to point out that caring for others is not in and of itself a bad thing. It is when we do not

feel that we have a choice in caring for others, and when we do not allow ourselves to receive care in return, that our relationships are out of balance. It is then that the false self obscures the true self. It seems that this is the predominant change in the lives of these therapists-in-training. They are feeling that they can choose when to be a caregiver. However, giving up the role of caregiver does not necessarily mean that these therapists-in-training are allowing their true selves to emerge. The false self exists in other forms as well, such as the persona of the omniscient or omnipotent therapist. It is when these therapists-in-training take the next step, of allowing themselves to be vulnerable and receive care from others, that their true self is existing within their friendships.

Aggression, Competition, and Power

Brightman (1984) says that the need to see oneself as benevolent, without acknowledging feelings of hostility, is part of primary narcissism. Storr (1980) believes that therapists have difficulty dealing with their aggressive feelings. He believes that as children therapists often were not allowed to assert themselves with their parents and felt insulted or injured with their peers. He writes:

> This attitude [on the part of the parents] also has the effect of encouraging repression of the child's aggressive feelings; since self-assertion is forbidden, and self-assertion cannot be separated from aggression. I do not think that anyone can be primarily orientated toward the feelings of others without repressing considerable aggression. (p. 175)

I did not introduce the topic of aggression, competition, or power during the interview. However, some therapists in this study discussed issues of competition and power--either directly or through the use of metaphor. Several therapists-in-training talked about liking the power that being a therapist gives them with their non-therapist friends. Most of these therapists talked about gaining their power through the mystery of therapy. Donna, a beginning therapist-in-training said:

> It's kind of an odd thing, in that I guess I do sort of feel, and I feel a little uncomfortable with this feeling, I mean, everyone just can't know about therapy. You know, if there isn't some sanctity or sacredness about the therapeutic process, I feel then, what makes it different from other kind of helping relationships. Oh, God, this is so elitist sounding I know. And I sort of don't like that. But then I sort of do. I mean I just, I do feel that way. It may

change as I get older, or as I feel more comfortable with myself as a therapist.

Being a therapist-in-training has provided Donna with a sense of power and specialness that she seems to have enjoyed. She also alludes to her competitiveness in wanting to keep this power to herself. In an earlier section on integrating professional identities, I noted that this sense of having a power that other people do not have is part of the false self that therapists-in-training use to protect themselves from feelings of helplessness. Rebecca, an intermediate therapist-in-training, has enjoyed openly the power that comes with being a therapist. She said, "I like to use it. I like people to be a little wary. I kind of like that. So, I'm at that stage. I'm milking it for all it's worth." Like Donna, Rebecca expressed her enjoyment in the power that comes with the therapist role. Both are at a developmental stage where they want to use their power. Rebecca seems to recognize that this is one of several stages she will go through as she integrates her professional identity and her sense of self.

The therapists in this study talked about competition mainly in terms of their peers, although Frank, an intermediate therapist-in-training, said that competition is becoming an issue with his friends. He finds that his friends sometimes compete with him to see who can "be a better friend" to a third person. His friends are

concerned that since he is a therapist he will somehow be a better friend than they are. The sense of competition therapists sometimes feel with their peers can lead them to be less willing to be self-disclosing and vulnerable. These therapists-in-training sometimes feel that if they disclose themselves to their colleagues, their colleagues will take advantage of their vulnerability. Kathy, an intermediate therapist-in-training, talked about how this is one reason she likes having close non-therapist friends. She said:

> My closest friends aren't therapists so we don't have to worry about professional competition. We can each be competitive in our own fields, but within our friendships we can give the other person their own turf so we don't have to compete or fight.

Kathy does not seem to feel safe thinking about competing with her colleagues.

Max, an advanced therapist-in-training, talked about how he felt he had to both protect his vulnerability and temper his competition in order to become a therapist. He said:

> There's always a power differential [with supervisors]. And the people you can get close to on some level are going to judge you. So, I've felt like I've kind of had to walk a tightrope of well, you know, you have to get close enough to them so they don't call you resistent. But, you can't get so close and loose with them that they call you loose or inappropriate. So, I feel a little bit torn. And it's made me much more introspective than I think is really a healthy way to be. Because I recognize the conflict. It feels like sports. Like you're playing a sport and you're on. And your ego is lost and you're just in the game. And then if you're sort of nervous for a big game and you're sort of looking

> around and stuff, and you're watching yourself play. That's sort of more how I've been. And it's a pity because one's potential is dramatically decreased when that happens. I've shut down a lot of my spontaneity.

It is as if Max, and perhaps others, feel that if they were to allow their spontaneity, more of their aggressive, competitive natures would be exposed. This is part of the reason for the use of the false self. The true self includes an aggressive, competitive side. Many of the therapists in this study seem to feel guilty about this more aggressive side of themselves. We saw earlier that therapists have a difficult time allowing themselves to talk about their clients, particularly in a joking or hostile way.

Claire, an intermediate therapist-in-training, discussed her frustration with the attempt by her colleagues to always be so understanding, and her confusion about whether she should be like that as well. She said:

> I think sometimes we spend too much time trying to be non-judgmental. You know, when somebody's sitting there talking to me and I just know they just can't stand this person, it's like, just say it. It's almost like we no longer have permission just to have very clear-cut feelings about things. That they have to be sort of processed and there's always the question of what are my buttons that are being pushed instead of just saying, you know, my buttons are being pushed and I don't care which ones they are. And so sometimes I think I resent that. And at the same time it's a good thing. But people coming into this program, historically, are very intense people. There's gonna be conflict.

It seems that Claire is trying to hold on to her more spontaneous, true self, but is still unsure about her right

to do so. She also seems to believe that understanding her anger means that she cannot express her anger. Winnicott (1947/1975) believed that it is important to distinguish between feelings of anger that are based on a current interaction and those that are transferential. Therefore, it seems that the next step for Claire would be to allow herself the freedom to explore in any situation whether it is her own inner conflicts that are being triggered or whether the other person is being objectively anger provoking. This would allow her to respond consciously to either case.

Summary

As with other aspects of their development, the therapists-in-training in this study seem to experience a developmental continuum in expressing their more aggressive feelings. This continuum is not as well articulated as others I have discussed. The ability to express aggression is part of the ability to allow the true self expression, and the participants in the present study had even more difficulty with this than with the expression of vulnerability. We get glimpses of their aggression as these therapists-in-training talk about both enjoying and fearing their sense of power, and confusion about their feelings of competition. Brightman (1984) believes that our need to be benevolent belies our fear of our hostility and self-interest and that as narcissistic maturation takes

place, we becomes more comfortable acknowledging our more aggressive side.

Winnicott (1947/1975) spoke of the need for therapists to be aware of their fear and hate so that these emotions would be under conscious control rather than acted out unconsciously. He felt that it is only when the therapist can tolerate his or her own hate that the client would be able to tolerate theirs. Winnicott noted that there are legitimate ways for therapists to express their hate, such as each ending of the therapeutic hour.

Storr (1980) wrote about how difficult it is for therapists to express their aggression and the importance of addressing these feelings during training. He said:

> During their training, I believe that many of those in the "helping" profession have, reluctantly, to face and accept an aggressive aspect of their personalities which they might not have realised [sic] existed. If they succeed in doing so, it will be easier for them to tolerate any aggression which patients may display toward them, and easier for them to assert their own opinions and needs in social life, where this is appropriate. (p. 175)

In his observations on aggression, Storr points out the importance of treating friends and clients differently. He believes that aggression, particularly in the form of self-assertion, and "mutual self-affirmation," in which people affirm, rather than identify with, their friends, are important components of non-therapy relationships. Storr's statement does not necessarily contradict the belief that our professional and personal identity can be

the same. Rather, it speaks more to Winnicott's (1960a, 1965) notion of the professional attitude, wherein what we feel, and what we do with what we feel, can differ.

CHAPTER IV

CONCLUSIONS

Overview

It is only recently that the literature on psychotherapy has begun to focus on the personal lives of therapists in a way that includes the effect of our work on our lives. Much that has been written on the personal lives of therapists focuses on the negative aspects of becoming a therapist, particularly loneliness and isolation. The reasons given for this loneliness and isolation vary; however, most suggest that a pre-existing way of being, such as feeling overly responsible, or desiring yet fearing intimacy, is exacerbated by a professional identity that encourages personal and professional seclusion.

Many of the therapists-in-training in this study had growing up experiences in which they felt the loneliness of frequent geographic moves, shyness, or non-mutual caregiving. These experiences have had lasting effects on their lives, including their friendships. It seems that some people do bring a pre-existing tendency toward loneliness or isolation to their training as a therapist.

The question then becomes whether this pre-existing tendency toward loneliness or isolation is lessened or heightened by the process of becoming a therapist. The literature suggests that for many people, a pre-existing

sense of loneliness and isolation is exacerbated by the practice of therapy. In this study we see that the years during which one is training to be a therapist can be critical for establishing new patterns of relating to others. The current study suggests that, at a minimum, training to be a therapist provides an opportunity for therapists to see more clearly the role they play in their friendships and to learn that other roles are possible. Some use this information to change the way they relate to their friends. Others find it more difficult to make the changes they desire. How well therapists-in-training are able to negotiate these changes will affect the sense of isolation or connectedness they feel with others in the future, whether or not they choose to become practicing therapists.

It is useful to consider therapists' personal changes and the changes they observe in their friendships as they proceed through training in terms of a developmental progression. Brightman (1984) refers to this progression as narcissistic maturation. Eckler-Hart (1987) refers to it as progressing on the continuum from false self to true self. Both believe that most therapists-in-training begin their training with an unrealistic sense of their powers and capabilities. Therapists at the early stages of training believe that they need to be all-powerful, all-loving, and all-good. When therapists-in-training learn

that they cannot live up to their high expectations for themselves an important developmental change has taken place. With the help of supervisors who provide a safe environment, therapists-in-training can begin to accept their limitations. This includes mastering their feelings of helplessness, acknowledging their aggressive feelings, and accepting being "good enough." All of these changes require that therapists-in-training allow themselves to be vulnerable, and more of their true selves to be present.

As therapists-in-training are able to accept their limitations and be vulnerable as therapists, they are more able to accept their limitations and be vulnerable with friends. Therapists-in-training are at first wary of the changes they are going through. They are afraid that they will begin to treat their friends like clients, or that their friends will treat them like therapists. Most of this fear seems to grow out of a sense of power in being a therapist, which is connected to the omnipotent sense of self the therapist-in-training brings to training. It is difficult for therapists at this stage of development to allow themselves to be vulnerable or to acknowledge that they have needs.

As the therapists-in-training in this study progress through training, the identity of therapist becomes more integrated with who they are as a person. They become more comfortable with themselves and their relationships with

their friends. They seem to be at a stage where they are beginning to internalize the role of therapist and feel that the changes within themselves are leading to positive changes in their friendships. Tbe therapists in this study at this stage of training often notice that they are no longer acting like the stereotype of a therapist with their friends. but are in fact becoming better friends. They feel more empathic, and are more willing to be self-disclosing.

The therapists-in-training that participated in this study believed they were gaining a better understanding of themselves and what they desired in a friendship. The men in the study said they were developing more of an appreciation for the importance of friendships and the need for intimacy, while the women said that they were learning to participate actively in their friendships rather than being relegated to the role of listener. Both the men and the women in this study seemed to be expanding their range of who they can be in a friendship. It seems likely that this expansion has its foundations in the movement away from the constraints of the roles associated with their false selves.

These therapists-in-training noticed a difference in the roles their therapist and non-therapist friends play in their lives. Therapists often look to their lay friends to help them maintain a sense of themselves separate from, and

in addition to, being a therapist. Most therapists-in-training in this study talked about the difficulty, but importance, of maintaining outside interests while in training. Several look to music or sports as a way to connect with other people. Others talked about how their partners help them maintain outside interests and relationships, particularly when the time pressures and stresses of school make it difficult for them to do so themselves. However, the participants in this study said that developing new friendships with non-therapists can be difficult. Some of this has to do with how therapists are perceived, or imagine they are perceived, by others.

It is possible that the reactions of others to a therapist reflect how well the therapist-in-training has integrated their professional identity. Max, an advanced therapist-in-training, talked about how some of the anxiety or distancing he experiences in others might in fact come from him. He said:

> People do feel they have to be careful. I try to dispel that notion. I try not to psychologize my friends. To not talk and live and breath psychology. I try to be real, be casual. Not speak in jargon. When I slip from that it's generally because I'm trying to impress someone.

While lay friends often are seen as providing relief from the world of therapy, some therapists report having the sense that something is missing from these relationships. Most therapists-in-training in this study said that the biggest difference between old friends, who

tend to be non-therapists, and new friends, who tend to be therapists, is a shared sense of understanding about the nature of clinical work. Some therapists-in-training reported that their non-therapist friends often don't understand what the therapist is going through in their training.

With colleagues, therapists-in-training often gain this sense of being understood, but it is sometimes at the cost of feeling more emotionally vulnerable than they would like. Several therapists talked about the importance of having friends in the program with whom they could talk about things they wouldn't feel comfortable sharing with non-therapist friends, such as their feelings in the room with a client. However, some therapists-in-training are concerned about revealing too much of themselves for fear that their peers will judge them. Jessica talked about her fear that peers would pathologize her. She said, "If I'm talking to someone who knows about therapy, like someone in the program, I'm more self-conscious. There's some fear that they're going to diagnose me or label my symptoms when I just want to talk about it."

The need to maintain confidentiality in their work played a part in the friendships of therapists-in-training, but not in the way or to the extent the literature suggests. For these therapists, confidentiality seems to be part of the broader issue of containing and sharing

their emotional experiences. Talking about our work, being self-revealing, and being vulnerable all are associated with a therapist's willingness to be known. Each implies the presence of the true self--a mature narcissism. The need for a persona, the fear that others expect us to be perfect, the need to be an observer rather than an actor, and the need to be a caregiver without being a care receiver, each implies that the therapist is protecting his or her true self with a false self. To the extent that training can help a therapist accept their limitations, they will be more able to be open with their friends and to have mutually-intimate relationships, thus decreasing their potential for isolation in the future.

The more opportunity therapists-in-training have to risk the expression of their true selves, the more they will learn to reach out to others in their work and in their personal lives. Supervision certainly is the primary place for therapists-in-training to learn to reveal themselves and be vulnerable around their clinical work. Supervision provides the opportunity to learn that not only can we never be perfect, but we are not expected to be. The therapists-in-training in this study have participated in peer supervision, as well as individual supervision, during their training. Peer supervision encourages therapists-in-training to use their colleagues to help them understand themselves and their work. It opens a door for

therapists-in-training to begin to learn how to talk about their work, and teaches us that we are not alone. It, too, can set a foundation so that therapists will feel safer calling on their colleagues in the future.

Several of the therapists-in-training in this study said that personal therapy has been the source of many of the changes they are experiencing in their friendships. They said that they talk about clinical work in their supervision, talk about their personal life in their therapy, and talk about both with their close therapist friends.

Implications

With any life change, whether developmental, interpersonal, or environmental, it is important that the process of change be understood so that the person who is going through the change can receive the support and guidance they need. In this case, it is important that those working with therapists-in-training understand the importance of the personal changes that these therapists are going through, and that they work to create an environment in which each therapist-in-training can feel as safe as possible to explore these changes and their implications.

It also is important for therapists-in-training to understand that each of us will be facing our true self, and the false self we use to cover it, as we go through

training. Many of us come from backgrounds that make it difficult to risk exposing our true selves. However, unless we do so, we will be relegated to the loneliness and isolation to which the literature refers. We have the choice of using the time we are in training to share with one another the range of feelings invoked in us as we learn our work, and to offer each other the safety of our respect as we come to terms with our humanness. In a field where our work is such a part of our selves, exposing our vulnerabilities will always be difficult, but it is critical to do so if we want to have intimate relationships.

It is important that the profession as a whole also understand that we must be open and honest about our limitations. This is necessary so that we give the appropriate message to those entering the profession and to the public. Because psychotherapy is a helping profession, there are expectations, both reasonable and unreasonable, attached to psychotherapists. Perhaps we are responsible for some of the unreasonable expectations which are placed upon us and which we place upon ourselves. In a recent criticism of mental health professionals, Appelbaum and Rosenbaum (1989) stated that too often we portray ourselves to the public as being able to offer more than we truly can. It is important for the profession, as well as the professional, to understand and articulate that which is

within our power and that which is not. It is important that we become more willing, among ourselves and with the public, to know and appreciate our humanness.

APPENDIX A

INTRODUCTORY LETTER

Date

Name
Psychological Services Center
University of Massachusetts
Amherst, MA 01003

Dear _____:

I am conducting interviews for my masters research on the interaction between becoming a therapist and possible changes in the nature of our friendships. I am writing to ask if you would be willing to discuss with me your own experiences as you have trained to become a therapist. If you think you might be willing to be interviewed, but would like more information first, I would be happy to have a preliminary discussion with you to explain my study and the nature of the questions I will be asking.

Please let me know if you are willing to meet with me by filling in the attached form and leaving it in my clinic mailbox by (date) . If you are willing to be interviewed, I will contact you over the next several weeks to set up a time. I will be scheduling interviews over several months, so please feel free to let me know if you have a preference on timing -- including if you would prefer to be interviewed during the winter break. If you cannot get to the clinic to return this form, but are willing to discuss being interviewed, please phone me at 549-1304.

Thank you, in advance, for responding.

Debra Boltas

PLEASE RETURN THIS FORM BY (DATE)

_____
(Name)

__ Yes. I am willing to be interviewed for your masters thesis.

__ Maybe. I am willing to discuss with you the possibility of being interviewed for your masters thesis.

__ No. I will not participate.

The best time(s) for me to meet are:

Day	Time
_____	_____
_____	_____
_____	_____

I can be reached at _____ to set up a time.
(telephone number)

Please feel free to leave a note if you have any preliminary questions, comments, or concerns.

PLEASE RETURN FORM TO DEBRA BOLTAS, CLINIC MAILBOX BY (DATE)

APPENDIX B

INFORMED CONSENT FORM

INFORMED-CONSENT FORM

I agree to be interviewed, and to be audiotaped, for research being conducted by Debra Boltas concerning the nature and pattern of friendships in the lives of therapists-in-training. The questions I will be asked will concern the nature of my friendships, including personal questions regarding my emotional experience of my friends and my perception of the interaction between my work as a therapist and my friendships.

I understand that this will be a semi-structured interview during which I can offer my perspective on questions that might not have been asked, follow up or return to questions that have been asked, ask for information on why a particular question is being asked, or decide not to answer a particular question.

In addition to being free to decide not to answer any particular question, I also understand that I am free or to withdraw my consent and discontinue participation in this interview at any time and that I will not be penalized in any way.

I further understand that all interviews will be audiotaped and then structured notes or verbatim transcripts will be made from the tapes. All information I provide in this study is confidential. All presentations of the data, including publication, are at the discretion of the interviewer, and will be done in such a way so as to maintain confidentiality.

I have read and understand the nature of this project and what is required of me. I am willing to participate as a subject in this research study.

_____ _____

Interviewee/date Interviewer/date

APPENDIX C

INTERVIEW

Introduction to Interview

I am interested in how the process of becoming a therapist might affect our friendships. During this interview I would like to talk about the nature and pattern of your friendships and to work together to try to understand whether there are any changes in your friendships since you began your training as a therapist that you think might be attributable to your becoming a therapist. I'd then like to explore possible implications of these changes.

I will be using a semi-structured interview, but you should feel free to offer your perspective on questions I might not have thought to ask, or to follow up or return to questions I have asked. You also should feel free at any time to decide not to answer a question or to ask me why I am asking that particular question.

BEGIN WITH OPEN-ENDED QUESTION

Before I begin to ask specific questions, I'm wondering if you have thought about any changes you might have experienced in your friendships since you began your training, and, if so, what you have thought about?

GENERAL QUESTIONS

I'd like to start by asking you to think about your friends in general.

1. Question: As you think about your friends, would you describe them as a more heterogeneous group or a more homogeneous group?

   Probe: For instance, do your friends tend to be more diverse or more the same in things like:

   a. professional affiliation

   b. ethnic group

   c. socio-economic status

   d. age

   e. sexual preference

   f. religion

   g. amount and type of schooling

   Followup: Has this changed since you began your training as a therapist?

2. Question: Can you give me an idea of how you like to spend time with your friends?

   Probe: for instance, what types of things do you like to do or to talk about?

   Probe: Do you prefer to spend time with friends in a group or individually?

   Followup: If this differs depending on who you're with, can you tell me how it differs, or on what basis it differs?

   Followup: If this has this changed since you started training to be a therapist, can you tell me in what ways?

3. Question: Did you relocate to come to graduate school?

   Probe: from where?

Question: Can you tell me about any influence the geographical location of your friends had on where you decided to go to school?

NATURE OF FRIENDSHIPS

4. Question: If you think about the friend or friends to whom you feel the closest, would you try to describe what it is about them that makes you want to be their friend?

BE SURE TO NOTE WHETHER PERSON IS TALKING ABOUT FRIENDS THEY HAD BEFORE THEY CAME TO SCHOOL OR FRIENDS THEY HAVE MADE SINCE COMING TO GRADUATE SCHOOL.

5. Question: If you think about the friends you had before you came to school, can you think of ways your relationships with any of these friends have changed since you've come to school?

Probe: How have they changed?

Probe: What do you think may have caused this change?

Probe: Do you think there's any aspect of you're becoming a therapist that may have led to this change?

OR

Probe: What do you think it is about these relationships that allows them to remain unchanged?

6. Question: Are there specific things you do to maintain these relationships so that they won't be affected by your becoming a therapist?

7. Question: Are there specific things you do in your life to help you maintain the kind of person you want to be in the world in relationship to others, that is how you would like to be with people other than your clients?

8. Question: Are there specific things you do when you meet people to affect how they see you or respond to you, given that they know you're a therapist?

CONTINUITY OF PATTERN OF FRIENDSHIPS OVER TIME

9. I'd like you to think about yourself in relation to friends at different times in your life.

Question: Can you describe for me the kind of friendships you had as a child?

Question: Was it the same in junior high and high school?

Question: How about in college?

Question: Can you describe the ways you feel you've stayed the same in friendships, and the ways you've changed as you've grown older?

Question: How has being in graduate school affected the course of this change?

Question: If you were to think about your friendships 20 years from now, can you give me an idea of the way you would like for them to evolve?

Question: Is this more similar to or more different from how you currently experience your friendships?

RELATIONSHIPS WITH SAME SEX/OPPOSITE SEX

10. Question: In general, do you tend to have more friends who are men or who are women?

    a. Has this always been true with you?

    b. Do you have a notion of why this is?

    c. What kind of differences do you notice in the friendships you have with women and with men?

    d. do you experience the same kind of intimacy (however you define intimacy -- should note definition) in your relationships with men and with women?

        a. Are there other factors that we haven't discussed that affect the level of intimacy in your friendships?

FOCAL QUESTION #1: Effect of Confidentiality

11. Do you talk about your work with your friends?

    a. what aspect of your work do you talk about?

    b. do you talk about your clinical training?

c. what aspects of your clinical training do you talk about?

d. if you talk about your clients, do you remember making a specific decision to talk about them?

e. do you remember making a specific decisions about whom you would or would not talk to about your clients?

f. can you tell me about these decisions?

g. does this decision include whether the friend is a co-student, other professional therapist, non therapist?

h. do you think that talking about your work is an important part of your friendships? How so?

i. do you think that talking about your clients is an important part of your friendships? How so?

j. do you think it would affect your relationships with your friends if you didn't talk about your work or your clients?

FOCAL QUESTION #2 - Therapist as Caretaker

12. I'd like to talk a bit about your emotional experience of your friendships.

a. do you feel that you are as self revealing as you would like to be with your friends?

b. has this changed since you began to train to be a therapist? In what way?

c. do your friends tend to be self revealing type of people?

d. do you think that your training to be a therapist has influenced your friends' willingness to be self revealing? How so?

e. do you feel your friends express the type of empathy toward your experiences that you would like from them?

f. has this changed since you've started school? How so?

g. do you think your empathy toward your friends has changed since you started school? How so?

I'm going to ask the same type of questions about vulnerability. I'm trying to get at how our becoming a therapist might have an impact on the nature of our emotional relationships with our friends, whether due to our experience or to their experience of us, or a combination of both. (Note definition of vulnerability.)

h. do you feel that your friends express their vulnerability around you in the same way they did before you began your training?

i. do you feel free to express your vulnerability around your friends? Has this changed since you started studying to be a therapist? How?

13. Question: Do you feel that overall your friendships are balanced in what you give and what you get?

14. Question: How do you think these expressions of mutuality in your friendships may have changed since you've started to train to be a therapist?

Probe: How have particular relationships changed?

15. Question: Do you think you see your friends in the same way now as you did before you began training?

16. Question: Do you think they see you the same?

17. Question: Have the qualities you look for in a friend changed as you have gone through training to be a therapist?

18. Question: Can you talk about any commonalities or differences in how you see yourself in the room with a client as compared to how you see yourself as a friend?

Probe: What type of personal boundaries do you establish with each?

19. Question: Do you think there is a way that working as a therapist provides a context for you to be with another person in a way that you cannot be with friends?

Probe: Can you describe this? (more or less spontaneous, room safer, one-way intimacy with client)

EFFECT OF PERSONAL THERAPY

20. Question: I wonder if you would be willing to talk about any personal therapy you've had?

    a. if you've been in therapy how do you think this has influenced the nature of your friendships?

    b. do you have a sense of whether your friends tend to be or have been in therapy?

EFFECT OF SUPERVISION

21. Question: Are there aspects of your training that have helped you think about yourself in relation to your friends as separate from your relationships with your clients?

22. Question: During your training have you discussed with your supervisor the affect of becoming a therapist on your personal life?

MISCELLANEOUS

23. Question: Are there specific events in your development that affected or changed how you related to friends that are being sustained during your training?

24. Question: If you are a member of a couple, can you tell me how you feel this has affected any of the topics we might have discussed?

25. Question: Are there any other issues surrounding your family of origin or your current family situation (i.e. children) that you feel are relevant to this discussion?

SUMMARY

26. Overall, how do you see your self and your life in relation to your work as a therapist.

27. And the other way around. How do you see your work as a therapist in relation to your personal life and relationships?

28. Are the things we are talking about things you have thought about as you've gone through your training to be a therapist?

29. Are there any other events associated with becoming a therapist and the effect it might have on our friendships that you think we should discuss?

30. Overall, how do you think that becoming a therapist has affected your friendships?

Before we finish I'd like to get certain biographical information from you. Would please fill in whatever part of this biographical form you are comfortable with?

Are there any questions you would like to ask me? If you think of anything else, feel free to contact me.

APPENDIX D

BIOGRAPHICAL DATA FORM

BIOGRAPHICAL INFORMATION

RESPONDING TO ANY QUESTION IS OPTIONAL

Gender ___

Age ____

Number of years seeing clients _____

Theoretical orientation _____

Religious affiliation (current) _____

Religious affiliation (childhood) _____

Ethnic Background _____

In primary relationship	yes	no
Living with family of origin	yes	no
Relocate to attend grad school	yes	no
Self-identified gay/lesbian	yes	no

Other comments on interview:

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